

2004

Wisconsin
Nursing Homes
and Residents

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

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September 2005

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Foreword

This report presents key statistical information about Wisconsin nursing homes and their residents.

The source of data for most of the information in this report is the 2004 Annual Survey of Nursing Homes. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Disability and Elder Services, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information and Policy would like to acknowledge and thank the personnel of all Wisconsin nursing homes who provided information about their facilities and residents.

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A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's Web site at <http://dhfs.wisconsin.gov/provider/index.htm>. Suggestions, comments and requests for additional data may be addressed to:

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Introduction

All of the information about facilities and most of the information about residents in this report is derived from the 2004 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each nursing home reported the number of facility residents and the number of staffed beds as of December 31, 2004. Other data items, such as the number of inpatient days, were reported for all of calendar year 2004.

This report presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs). Facilities Serving People with Developmental Disabilities (FDDs) have been analysed in a separate report beginning with the 1999 data year.

In 2004, there were 399 nursing homes licensed to provide services in Wisconsin under HFS 132, Wis. Admin. Code. As in previous years, this report excludes information from Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided. Data on this facility can be found in the *Wisconsin Nursing Home Directory, 2004* (also compiled by the Bureau of Health Information and Policy, Department of Health and Family Services).

In addition to the facility-based aggregate data on nursing home residents, detailed resident-based data were submitted by 393 Medicare- and/or Medicaid-certified skilled nursing facilities, intermediate care facilities, and institutions for mental diseases. Facilities certified to provide care under the Medicare and/or Medicaid programs have met the Conditions of Participation developed by the federal Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). The detailed resident-based data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and functional status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

Tables 27, 28 and 29 in this report are based on the MDS resident-based data collected from the 393 Medicare- and/or Medicaid-certified nursing homes. The count of nursing home residents at the end of 2004 based on MDS data differed slightly from the aggregate count of residents taken on December 31. See the Technical Notes (page 43) for a description of how this discrepancy was handled in preparing the data.

Nursing homes in Wisconsin are licensed to accept patients with specific categories of health care needs. Skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) provide primarily medical care to restore individuals to their rehabilitative potential. Institutions for mental diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness.

For reimbursement purposes, residents of nursing homes are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing (SN) care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. Intense skilled and skilled nursing care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to

maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Key Findings

- Wisconsin had 399 nursing homes in 2004. These included 395 skilled nursing facilities (SNFs), 2 intermediate care facilities (ICFs), and 2 institutions for mental diseases (IMDs).
- Four nursing homes in Wisconsin closed in 2004: three proprietary homes and one nonprofit home. Nine homes changed ownership type: six from nonprofit to proprietary, and three from proprietary to nonprofit.
- From 1999 to 2004, the following measures of Wisconsin nursing home utilization declined.
 - ⇒ Staffed beds declined from 44,920 to 38,983, a decrease of 13 percent.
 - ⇒ Licensed beds declined 16 percent, from 47,296 to 39,778.
 - ⇒ The total number of residents on December 31 declined 11 percent, from 39,719 to 35,286.
 - ⇒ The number of inpatient days declined 12 percent, from 14.6 million to 12.9 million.
 - ⇒ The nursing home utilization rate decreased from 53 to 45 per 1,000 for persons aged 65 and over (15 percent), and from 207 to 161 per 1,000 for persons aged 85 and over (22 percent).
- Percent occupancy increased from 84.6 percent in 1999 to 88.6 percent in 2004 (4 percentage points).
- The overall occupancy rate for Wisconsin nursing homes increased 1.3 percentage points from 2003, from 87.3 percent to 88.6 percent.
- From 1999 to 2004, annual admissions to Wisconsin nursing homes increased from 51,186 to 54,280, or 6 percent.
- Portage County had the lowest nursing home occupancy rate (53.6 percent, down from 70.7 percent in 2003) in Wisconsin, while Juneau County had the highest (98.5 percent).
- Between 1997 and 2004, the number of Medicare-certified facilities increased only 2 percent, while the number of Medicare-certified beds increased 68 percent.
- The average per diem rate in 2004 for care received by nursing home residents was \$157, an increase of 4 percent from 2003 (\$151). In 2004, the overall rate of inflation was 2.7 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.3 percent.
- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased slightly in 2004 to 106.6 (104.4 in 2003).
- In 2004, on average, nursing homes in Wisconsin provided 3.51 hours of direct care per day per resident at the skilled level of care, 40 percent higher than the state minimum requirement. Of the 3.51 hours, 1.1 hour was provided by either an RN or an LPN, 0.6 hour was RN care only, 0.51 hour was LPN care only and 2.4 hours were NA care only.
- The average turnover rate in Wisconsin nursing homes in 2004 was 31 percent for RNs, 37 percent for LPNs, and 51 percent for NAs. The average turnover rate for all nursing staff in Wisconsin nursing homes was 46 percent.
- The average retention rate in Wisconsin nursing homes in 2004 was 78 percent for all full-time nursing staff and 68 percent for all part-time nursing staff.

-
- Ninety-nine percent of nursing home residents admitted in 2004 required intense skilled nursing or skilled nursing care, compared with 94 percent in 1994.
 - In 2004, 72 percent of admissions had Medicare as primary pay source, 10 percent had Medicaid, and 11 percent were private pay.
 - Nursing home admissions increased 50 percent between 1994 and 2004 (at an average annual rate of 4.5 percent).
 - Medicare was the primary pay source for 72 percent of admissions at the skilled nursing level of care.
 - On December 31, 2004, 64 percent of nursing home residents had Medicaid as their primary pay source.
 - Eighty-seven percent of people admitted to Wisconsin nursing homes in 2004 were 65 years of age and older, compared to 89 percent in 2003, 90 percent in 2002 and 91 percent in 2001.
 - Deaths represented 25 percent of discharges from nursing homes in 2004, down from 27 percent in 2003, 29 percent in 2002 and 30 percent in 2001.
 - Nursing home utilization rates declined for all age groups in 2004 except for the group aged 55-64. For every 1,000 Wisconsin adults aged 95 and over, 384 were residing in a nursing home in 2004 (down from 416 in 2003).
 - The number of nursing home residents who were receiving intense skilled nursing on the last day of the year jumped 124 percent in 2004 from the previous year (825 residents to 1,849 residents).
 - On December 31, 2004, 37 percent of SNF and ICF residents had been in the nursing home less than one year. Eighteen percent had been there less than 100 days. On that date, 18 percent of SNF and ICF residents had been in the nursing home one to two years, 22 percent had been there two to four years, and 22 percent had been there four or more years.
 - The largest group of nursing home residents was aged 85-94, accounting for 42 percent of all residents on December 31, 2004.
 - On December 31, 2004, 49 percent of SNF/ICF residents with Medicaid had been eligible at time of admission, compared with 50 percent in 2003.
 - On December 31, 2004, 3 percent of all Wisconsin nursing home residents were being physically restrained, down from 4 percent in 2003. In 2000, 7 percent of residents were being physically restrained.
 - The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 9 percent in 1997 to 39 percent in 2004.
 - Twenty-eight percent of residents were totally dependent in at least one of the four ADLs in 2004, compared to 29 percent in 2003. Only 25 percent were dependent in at least one of the four ADLs in 2001.
 - On December 31, 2004, 23 percent of nursing home residents were “independent” in their cognitive skills for daily decision-making. Conversely, more than half (54 percent) of nursing home residents had moderately or severely impaired cognitive skills.

Table 1. Selected Measures of Nursing Home Utilization, Wisconsin 1999-2004

Utilization Measure	1999	2000	2001	2002	2003	2004
As of December 31:						
Number of Nursing Homes	424	419	411	408	403	399
Licensed Beds	47,296	45,978	44,319	43,274	40,633	39,778
Beds Set Up and Staffed	44,920	42,883	41,471	40,414	39,703	38,983
Total Residents	39,719	38,381	37,506	36,587	36,005	35,286
Residents Age 65 and Over						
Number	36,864	35,643	34,728	33,841	33,185	32,413
Percent	92.8	92.9	92.6	92.5	92.2	91.9
Rate per 1,000 Population*	52.9	50.7	48.9	47.7	46.4	45.1
Residents Age 85 and Over						
Number	19,725	19,236	19,037	18,575	18,295	17,930
Percent	49.7	50.1	50.8	50.8	50.8	50.8
Rate per 1,000 Population*	206.6	201.2	197.0	179.4	171.2	160.6
Medicaid Residents (Percent)	66.8	66.8	66.7	65.4	63.9	64.3
Calendar Year:						
Inpatient Days	14,596,115	14,186,112	13,798,119	13,546,635	13,228,370	12,906,064
Percent Change	-2.8	-2.8	-2.7	-1.8	-2.3	-2.4
Average Daily Census	40,004	38,852	37,816	37,112	36,247	35,317
Percent Occupancy**	84.6	84.5	84.6	85.2	87.3	88.6
Percent of Licensed Beds Not Staffed**	5.0	6.7	7.2	7.2	4.4	2.2
Total Admissions	51,186	51,277	51,741	52,290	53,902	54,280
Total Discharges and Deaths	51,984	51,947	52,101	52,982	54,254	54,694

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

* The rate is the number of nursing home residents per 1,000 population in this age group.

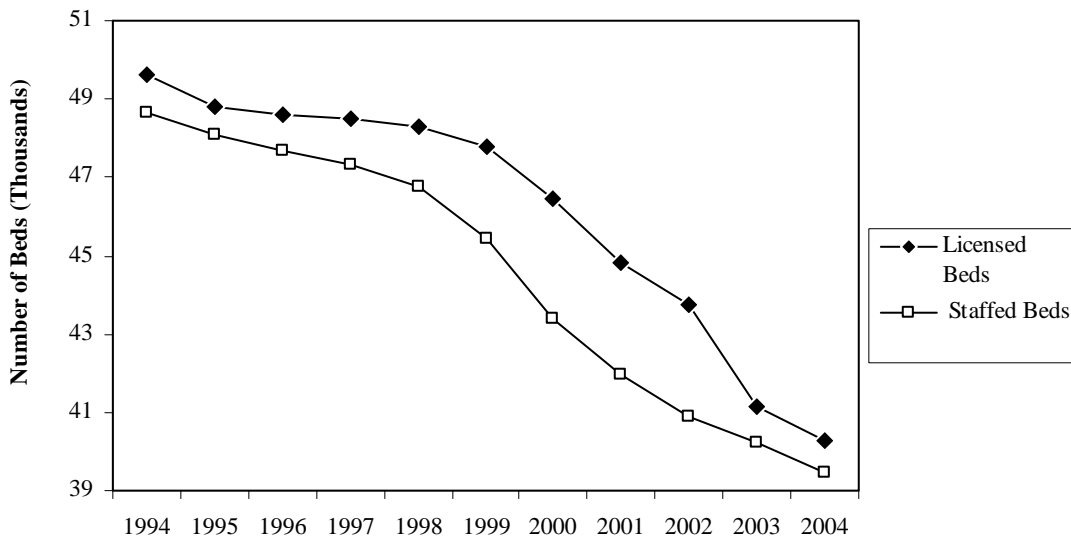
** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100. Due to bed reductions at nursing homes, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

Notes: Throughout this report, **nursing homes** are defined to include skilled nursing facilities, intermediate care facilities, and institutions for mental diseases (see HFS 132.14 (1)).

The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

- From 1999 to 2004, the following measures of Wisconsin nursing home utilization declined.
 - ⇒ Staffed beds declined from 44,920 to 38,983, a decrease of 13 percent.
 - ⇒ Licensed beds declined 16 percent, from 47,296 to 39,778.
 - ⇒ The total number of residents on December 31 declined 11 percent, from 39,719 to 35,286.
 - ⇒ The number of inpatient days declined 12 percent, from 14.6 million to 12.9 million.
 - ⇒ The nursing home utilization rate decreased from 53 to 45 per 1,000 for persons aged 65 and over (15 percent), and from 207 to 161 per 1,000 for persons aged 85 and over (22 percent).
- Percent occupancy increased from 84.6 percent to 88.6 percent (4 percentage points).
- From 1999 to 2004, annual admissions to Wisconsin nursing homes increased from 51,186 to 54,280, or 6 percent.

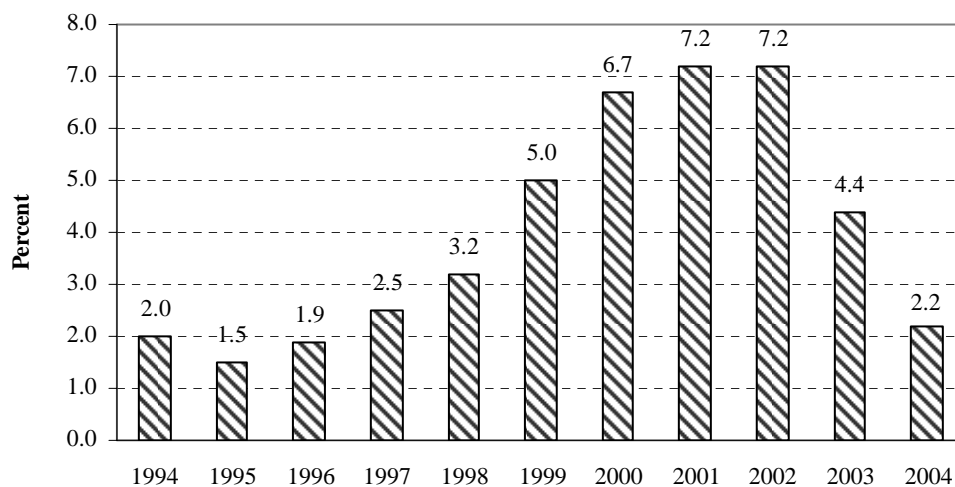
Figure 1. Number of Nursing Home Licensed Beds and Staffed Beds, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Figure 2. Percent of Nursing Home Licensed Beds Not Staffed, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1994 to 2004, the number of licensed beds in Wisconsin nursing homes declined 19 percent, from 49,116 to 39,778. The number of staffed beds also decreased 19 percent during this decade, from 48,157 to 38,983.
- The percent of licensed beds that were not staffed in 2004 was 2.2 percent, similar to the percent in 1994 (2.0 percent).

Table 2. Nursing Home Capacity by Licensure Category, Facility Ownership and Bed Size, Wisconsin 2004

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
State Total	399	100%	39,778	100%	2.2	88.6%
Licensure Category						
Skilled Nursing Facilities	395	99	39,623	100	2.2	88.6
Intermediate Care Facilities	2	1	45	<1	0.0	88.9
Institutions for Mental Diseases	2	1	110	<1	0.0	97.3
Facility Ownership						
Governmental	59	15	7,528	19	2.5	90.8
Nonprofit	150	38	14,447	36	1.4	90.5
Proprietary	190	48	17,803	45	2.8	86.1
Bed Size						
Fewer than 50 beds	44	11	1,411	4	1.8	86.6
50-99 beds	187	47	13,460	34	2.0	88.2
100-199 beds	149	37	19,692	50	2.4	88.1
200 beds or more	19	5%	5,215	13%	2.3	92.0%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1). Due to bed reductions at nursing homes, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds rather than the number of licensed beds on December 31.

- Four nursing homes in Wisconsin closed in 2004: three proprietary homes and one nonprofit home. Nine homes changed ownership type: six from nonprofit to proprietary, and three from proprietary to nonprofit.
- Compared with 2003, the number of licensed beds decreased 3 percent for proprietary homes, 2 percent for nonprofit homes, and less than 1 percent for governmental homes.
- One of the four nursing homes that closed had a bed size of 200 or more, one had a bed size of between 50 and 100, and two had a bed size of fewer than 50.
- The overall occupancy rate for Wisconsin nursing homes increased 1.3 percentage points from 2003, from 87.3 percent to 88.6 percent.
- The percent of beds not staffed decreased for all types of ownership by at least 1 percentage point.
- The number of nursing homes with 200 or more beds declined from 22 in 2003 to 19 in 2004 (14 percent); this followed a 41 percent decline between 2002 and 2003.
- Facilities with 200 or more beds had the highest percent occupancy (92 percent), while homes with fewer than 50 beds had the lowest (86.6 percent).
- The number of IMD facilities declined from four in 2001 to two in 2004, and the number of licensed beds in IMDs on December 31 declined from 276 to 110 during the same period.

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 2004

County of Location	Facilities on 12/31/04	Licensed Beds on 12/31/04	Staffed Beds on 12/31/04	Total Inpatient Days	Residents on 12/31/04	Average Daily Census	Percent Occupancy
State Total	399	39,778	38,983	12,906,064	35,286	35,317	88.6
Adams	2	120	120	34,171	89	93	77.5
Ashland	3	289	244	73,518	189	201	69.6
Barron	8	515	511	168,174	473	460	87.6
Bayfield	1	75	75	25,466	68	70	93.3
Brown	13	1,325	1,278	413,267	1,135	1,130	87.8
Buffalo	2	132	132	38,510	107	105	75.8
Burnett	2	139	139	46,701	121	128	89.8
Calumet	3	211	211	67,097	177	183	86.5
Chippewa	6	558	530	188,359	483	514	92.1
Clark	4	439	435	146,122	405	399	90.9
Columbia	5	512	512	168,916	452	462	90.0
Crawford	2	161	161	50,312	143	137	85.1
Dane	21	1,899	1,854	619,411	1,677	1,693	87.3
Dodge	10	1,041	1,032	341,372	923	933	88.3
Door	3	228	209	71,350	194	195	85.5
Douglas	4	432	432	144,556	396	395	91.4
Dunn	3	261	255	85,746	234	234	89.5
Eau Claire	6	633	633	208,026	558	568	89.7
Florence	1	73	73	21,944	59	60	82.2
Fond du Lac	10	925	916	295,517	812	807	87.3
Forest	2	143	143	47,754	137	131	91.6
Grant	9	632	625	206,606	572	565	88.6
Green	3	301	301	100,577	272	275	91.4
Green Lake	3	209	203	66,665	192	182	86.3
Iowa	3	182	174	58,768	151	160	85.8
Iron	2	106	106	36,483	97	100	94.3
Jackson	2	190	170	53,888	138	147	77.8
Jefferson	4	299	299	102,650	270	280	93.6
Juneau	3	196	196	70,493	192	193	98.5
Kenosha	9	1,104	1,073	362,369	967	991	89.8
Kewaunee	2	142	132	44,132	126	121	85.2
La Crosse	8	963	951	317,395	881	868	90.1
Lafayette	1	97	97	31,054	80	85	87.6
Langlade	1	168	165	58,250	157	159	94.6
Lincoln	3	334	333	107,264	304	293	87.7
Manitowoc	6	783	780	272,686	752	745	95.2
Marathon	6	834	823	292,790	806	801	96.0
Marinette	6	582	582	187,264	509	512	87.2
Marquette	1	46	46	15,667	45	43	93.5
Milwaukee	46	6,203	6,079	1,928,909	5,356	5,320	86.1
Monroe	4	325	325	105,961	271	289	88.9

(Continued)

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 2004 (Continued)

County of Location	Facilities on 12/31/04	Licensed Beds on 12/31/04	Staffed Beds on 12/31/04	Total Inpatient Days	Residents on 12/31/04	Average Daily Census	Percent Occupancy
Oconto	4	268	265	71,584	211	196	73.1
Oneida	3	315	301	102,429	273	280	88.9
Outagamie	10	1,040	1,018	347,859	945	950	91.3
Ozaukee	4	364	364	125,012	349	342	94.0
Pepin	2	118	118	38,182	110	104	88.1
Pierce	5	293	291	86,127	228	234	79.2
Polk	6	453	453	147,988	408	404	89.0
Portage	2	303	295	59,520	170	162	53.6
Price	2	246	217	70,031	192	191	77.3
Racine	6	724	724	256,102	687	701	96.8
Richland	2	132	132	43,677	110	119	90.2
Rock	9	832	831	285,543	774	781	93.4
Rusk	2	158	158	49,802	137	136	86.1
St. Croix	9	602	578	188,570	518	517	85.9
Sauk	6	467	451	156,037	430	426	91.2
Sawyer	2	135	135	43,303	126	118	87.4
Shawano	5	446	444	148,770	410	407	89.1
Sheboygan	11	1,035	1,009	351,782	954	960	92.8
Taylor	3	226	221	68,469	191	188	83.2
Trempealeau	9	537	537	181,570	507	495	92.2
Vernon	4	328	324	106,461	299	291	88.5
Vilas	1	79	79	25,882	72	71	89.9
Walworth	8	648	571	204,588	550	558	85.9
Washburn	2	140	140	49,582	137	136	86.9
Washington	5	691	674	229,599	608	628	89.5
Waukesha	17	2,046	2,046	689,437	1,913	1,885	91.8
Waupaca	10	1,429	1,420	482,093	1,336	1,315	91.5
Waushara	1	78	78	27,039	74	74	94.9
Winnebago	10	1,143	1,104	380,414	1,016	1,040	91.0
Wood	6	695	650	212,452	581	581	83.7

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The number of residents was based on the county of residence prior to entering the nursing home.

Average daily census is the number of residents on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year.

Menominee County is not listed because there are no nursing homes in that county.

- Statewide, staffed beds on December 31 decreased 2 percent in 2004. Staffed beds in Brown County declined 5 percent.
- The number of licensed beds in Ozaukee County declined 35 percent. Its total number of inpatient days decreased 26 percent.
- Portage County had the lowest nursing home occupancy rate (53.6 percent, down from 70.7 percent in 2003) in Wisconsin, while Juneau County had the highest (98.5 percent).
- Among the 10 counties with more than 1,000 licensed beds, Sheboygan County had the highest occupancy rate (92.8 percent).

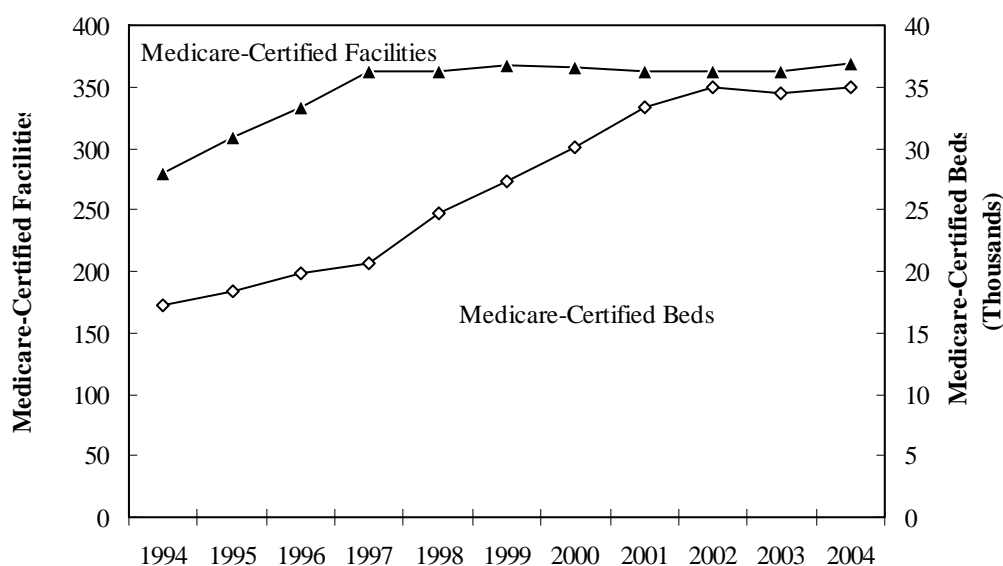
Nursing Home Characteristics

Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1994-2004

Year	Medicaid-Certified Facilities		Medicare-Certified Facilities		Medicare-Certified Beds	
	Number	Percent	Number	Percent	Number	Percent
1994	402	97%	279	67%	17,236	35%
1995	402	96	309	74	18,412	38
1996	403	96	333	79	19,761	41
1997	403	94	362	85	20,716	43
1998	403	95	363	85	24,677	52
1999	404	95	368	87	27,320	58
2000	400	95	366	87	30,079	66
2001	393	96	362	88	33,320	76
2002	389	95	363	89	34,914	81
2003	385	96	363	90	34,477	85
2004	382	96%	369	92%	34,885	88%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Figure 3. Number of Medicare-Certified Facilities and Beds, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: A Medicare-certified facility may have all or only some of its beds certified for Medicare patients. On the annual survey, each Medicare-certified facility reports the number of its beds that are Medicare-certified.

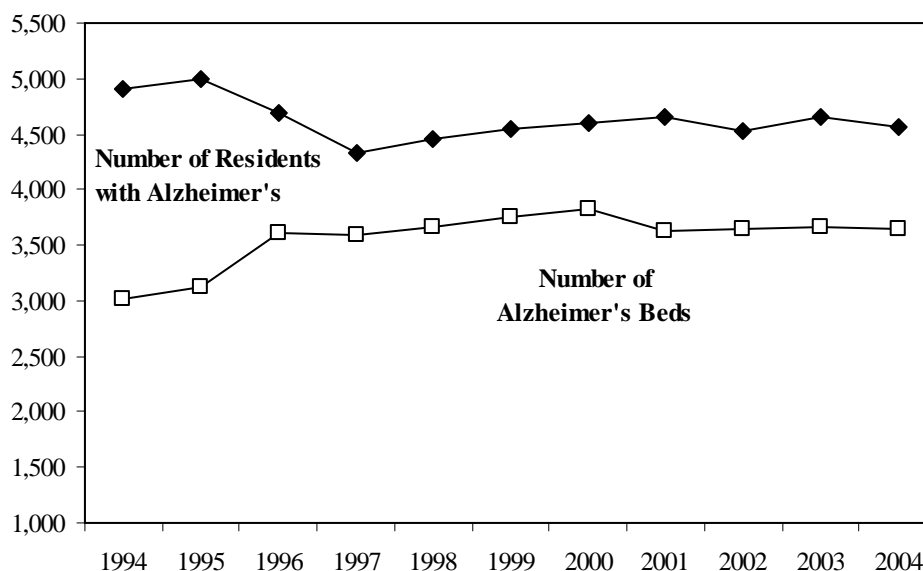
- Medicare-certified beds in Wisconsin nursing homes increased 102 percent between 1994 and 2004.
- The percentage of nursing homes certified by Medicare increased from 67 percent in 1994 to 92 percent in 2004.
- In 2004, 88 percent of all licensed skilled-care beds (34,885 out of 39,623) were Medicare-certified, up from 85 percent in 2003. Only 35 percent of all licensed skilled-care beds were Medicare-certified in 1994.
- Between 1997 and 2004, the number of Medicare-certified facilities increased only 2 percent, while the number of Medicare-certified beds increased 68 percent.

Table 5. Skilled Nursing Facilities with Special Units for Alzheimer's Disease, Wisconsin 1994-2004

Year	Number of Facilities	Percent of Facilities	Number of Alzheimer's Beds	Total Residents With Alzheimer's
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336
1998	118	28	3,663	4,454
1999	124	30	3,756	4,547
2000	133	32	3,821	4,595
2001	126	31	3,633	4,649
2002	127	32	3,649	4,536
2003	128	32	3,670	4,655
2004	126	32%	3,638	4,556

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Figure 4. Number of Alzheimer's Beds and Nursing Home Residents with Alzheimer's, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The number of nursing home beds in self-designated special units for Alzheimer's decreased by 32 beds (1 percent) in 2004, while the total number of nursing home residents with Alzheimer's decreased by 99 (2 percent).
- From 1994 to 2004, the number of beds in special units for Alzheimer's disease increased 21 percent, while the number of nursing home residents with a primary diagnosis of Alzheimer's decreased 7 percent. There were 1.3 nursing home residents with Alzheimer's for every Alzheimer's bed in 2004, down from 1.6 for each bed in 1994.

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2004

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds	Total Number Of Alzheimer's Residents on 12/31
State Total	369	34,885	126	3,638	4,556
Adams	1	102	0	0	5
Ashland	2	229	1	43	13
Barron	5	378	3	58	99
Bayfield	1	75	0	0	12
Brown	12	873	4	129	192
Buffalo	2	131	0	0	12
Burnett	2	139	0	0	11
Calumet	3	211	1	12	31
Chippewa	6	471	1	68	74
Clark	4	341	2	54	83
Columbia	5	512	3	81	76
Crawford	2	161	0	0	29
Dane	20	1,726	6	187	186
Dodge	10	1,041	1	43	109
Door	3	228	2	39	29
Douglas	4	430	2	82	60
Dunn	2	106	2	32	28
Eau Claire	6	633	1	11	71
Florence	1	73	0	0	1
Fond du Lac	9	693	6	141	140
Forest	2	143	2	40	17
Grant	9	577	4	65	83
Green	3	301	2	39	33
Green Lake	3	209	1	12	23
Iowa	3	182	1	25	19
Iron	1	70	0	0	8
Jackson	2	190	1	28	23
Jefferson	4	299	0	0	35
Juneau	3	196	2	28	41
Kenosha	9	1,041	1	24	120
Kewaunee	2	132	0	0	4
La Crosse	7	623	3	123	110
Lafayette	1	97	1	9	9
Langlade	1	168	0	0	4
Lincoln	3	304	1	24	33
Manitowoc	6	638	3	73	86
Marathon	6	697	1	58	90
Marinette	6	582	4	67	49
Marquette	1	46	0	0	12
Milwaukee	43	5,923	19	727	633
Monroe	4	325	2	36	48
Oconto	4	268	2	28	36

(Continued)

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2004

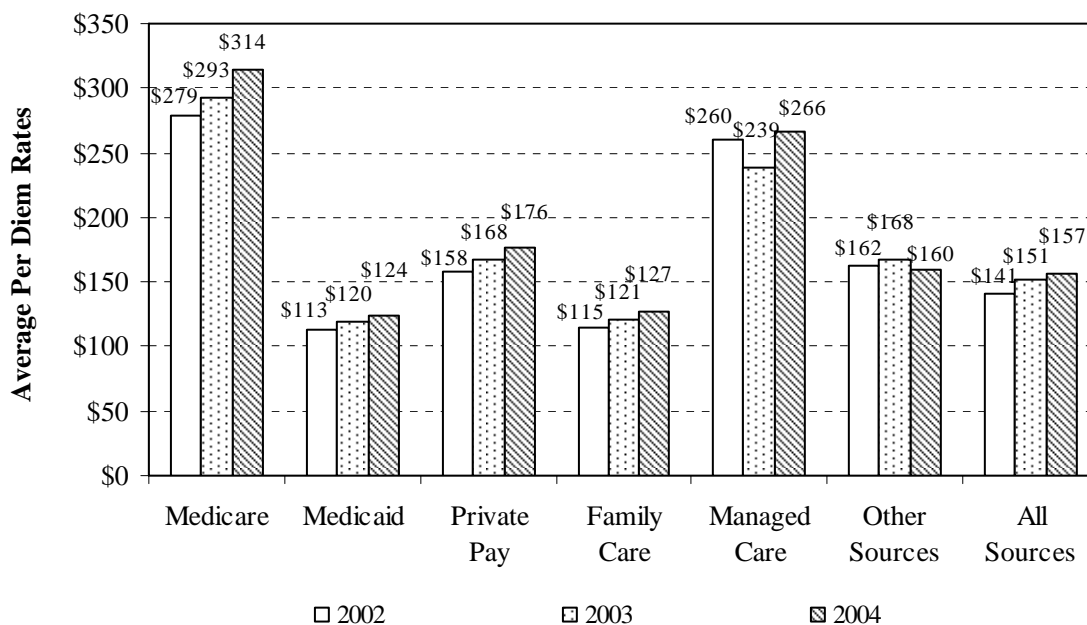
County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds	Total Number Of Alzheimer's Residents on 12/31
Oneida	3	315	2	56	19
Outagamie	9	937	3	86	109
Ozaukee	4	216	1	48	72
Pepin	2	118	0	0	6
Pierce	5	260	1	18	39
Polk	5	413	1	17	61
Portage	2	303	0	0	24
Price	2	93	1	28	20
Racine	6	724	2	133	127
Richland	2	47	1	11	14
Rock	9	769	2	48	96
Rusk	2	158	0	0	28
St. Croix	9	602	1	10	73
Sauk	5	458	1	24	77
Sawyer	2	135	0	0	10
Shawano	4	312	2	26	52
Sheboygan	9	923	2	43	67
Taylor	3	226	0	0	21
Trempealeau	5	350	2	35	64
Vernon	4	328	1	15	53
Vilas	1	79	1	24	18
Walworth	8	480	1	60	66
Washburn	2	140	1	18	23
Washington	5	691	2	108	90
Waukesha	15	1,909	5	196	158
Waupaca	8	644	3	105	115
Waushara	1	78	1	24	8
Winnebago	9	934	3	93	169
Wood	5	679	1	26	100

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: This table shows two aspects of specialized capacity among skilled nursing facilities: (1) facilities that are certified to provide Medicare-reimbursed care, and the number of beds for which they are certified to provide this care; and (2) facilities with self-designated special Alzheimer's units, and the number of beds in those units. Menominee County is not listed because there are no nursing homes in that county.

- In 2004, seven counties had a growth rate higher than 26 percent in the number of Medicare-certified beds: Oneida, Richland, Washburn, Portage, Barron, Taylor, and Polk. Statewide, the number of Medicare-certified beds was down 1 percent from 2003.
- Nursing homes in Ozaukee, Washburn, and Dane counties increased their number of Alzheimer's beds by at least 19 percent compared with the previous year.
- Forty-nine counties had more nursing home residents with Alzheimer's than Alzheimer's beds on December 31, 2004 (down from 52 counties in 2003), and 17 counties had no specialized Alzheimer's units. Twenty-one counties had more Alzheimer's beds than Alzheimer's residents on December 31, 2004.

Figure 5. Nursing Home Average Per Diem Rates by Primary Pay Source, Wisconsin, December 31, 2002 - 2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: "Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs. Beginning in 2001, a Family Care per diem rate was added to the survey (see Table 7). See Technical Notes (Page 45) for a definition of the Family Care program.

- The average per diem rate in 2004 for care received by nursing home residents was \$157, an increase of 4 percent from 2003 (\$151). In 2004, the overall rate of inflation was 2.7 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.3 percent.
- The average per diem rate for Medicare increased 7 percent in 2004, from \$293 to \$314, after a 5 percent increase in 2003.
- The Medicaid average per diem rate was up 3 percent in 2004, from \$120 to \$124.
- The private pay average per diem rate increased 5 percent in 2004, from \$168 to \$176.
- The Family Care average per diem rate increased 5 percent in 2004, from \$121 to \$127.
- The managed care average per diem rate was up 11 percent in 2004, from \$239 to \$266.
- The average per diem rate for other pay sources decreased 5 percent in 2004, from \$168 to \$160.

Table 7. Nursing Home Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin, December 31, 2004

Level of Care	Average Per Diem Rate (in Dollars)						All Sources
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	\$318	\$146	\$211	\$156*	\$354	\$193*	\$187
Skilled Nursing	314	123	176	125	258	159	157
Intermediate	N/A	104	155	103*	109*	112*	113
Limited	N/A	97	127	118*	0	0	112
Personal	N/A	N/A	104*	0	0	0	104*
Residential	N/A	N/A	85*	55*	0	0	77*
Traumatic Brain Injury	283*	593*	788*	0	0	0	596*
Ventilator-Dependent	0	400*	626*	400*	0	0	417*
Developmental Disabilities (DD1A)	N/A	179	0	0	0	0	179
Developmental Disabilities (DD1B)	N/A	186*	0	0	0	0	186*
Developmental Disabilities (DD2)	N/A	161*	0	0	0	0	161
Developmental Disabilities (DD3)	N/A	125*	0	0	0	0	125*
All Levels	\$314	\$124	\$176	\$127	\$266	\$160	\$157

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A "*" indicates that the per diem rate for that category was calculated based on rates for fewer than 30 residents (rates for those few residents may not be representative of typical rates).

"Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs.

See Technical Notes (page 44) for definitions of all level of care categories shown in this table.

- Managed care had the highest average per diem rate for intense skilled nursing care (\$354); this rate increased 5 percent from 2003.
- Medicare had the highest average per diem rate for skilled nursing care (\$314); this was an 8 percent increase from the 2003 rate.
- The gap between Medicare and Medicaid per diem rates continues to increase. In 1994, the Medicare average per diem rate was 118 percent higher than the Medicaid rate (not shown); in 2004, the Medicare rate was 153 percent higher than the Medicaid rate. The private pay average per diem rate was 29 percent higher than the Medicaid rate in 1994, and 42 percent higher than the Medicaid rate in 2004.

Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, 1999-2004, Wisconsin

Type of Service	1999	2000	2001	2002	2003	2004
Home Health Care	9	7	9	10	12	10
Supportive Home Care	20	25	16	16	14	13
Personal care	12	14	13	13	13	12
Household services	8	11	13	13	11	10
Day Services	25	29	25	22	20	20
In community setting	3	1	2	2	1	1
In nursing home setting	22	28	23	20	19	19
Respite Care	163	158	149	152	146	139
In patient's home	2	4	3	3	4	4
In nursing home setting	163	157	149	152	145	137
Adult Day Care	82	81	77	75	68	64
In community setting	9	12	12	7	8	5
In nursing home setting	75	71	66	68	60	59
Adult Day Health Care	15	11	14	14	11	10
Congregate Meals	49	50	51	48	48	44
In community setting	32	33	37	36	36	32
In nursing home setting	18	18	17	14	15	17
Home-Delivered Meals	61	59	58	56	54	51
Other Meal Services	41	39	34	34	29	23
Referral Service	39	35	35	32	33	26
Transportation	31	26	34	29	28	23

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 45).
Nursing homes may offer specific services in more than one setting.

- In 2004, 35 percent of nursing homes (139 homes) provided respite care, compared with 38 percent in 1999.
- Sixteen percent of nursing homes provided adult day care services in 2004, compared with 19 percent in 1999.
- Between 6 percent and 13 percent of facilities in Wisconsin provided meal services to non-residents, including congregate meals, home-delivered meals, or other meal services.

Table 9. Family Council Meetings by Nursing Home Ownership Category, Wisconsin 2004

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	46	78%	95	63%	112	59%	253	63%
Family Council, meets:	13	22	55	37	78	41	146	37
As often as needed	3	5	9	6	11	6	23	6
Less than quarterly	1	2	5	3	8	4	14	4
Once in three months	2	3	16	11	34	18	52	13
Once a month	4	7	18	12	21	11	43	11
Once a week	0	0	1	1	0	0	1	0
Other	3	5	6	4	4	2	13	3
Total	59	100%	150	100%	190	100%	399	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Federal regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council." Percentages may not add to 100 percent due to rounding.

- Between 59 percent and 78 percent of nursing homes in each ownership category had no Family Council in 2004.
- Overall, the percent of nursing homes with no Family Council increased from 55 percent in 2000 to 63 percent in 2004.
- Forty-one percent of proprietary facilities had a Family Council in 2004, compared with 22 percent of governmental homes and 37 percent of nonprofit facilities. Compared with 2003, the number of facilities with a Family Council increased for nonprofit homes, but decreased for governmental and proprietary facilities.
- Of the 146 facilities with a Family Council, 65 percent met either once a month (43 facilities) or once every three months (52 facilities). Sixteen percent (23 facilities) met "as often as needed." (Percentages are not shown in table.)

Table 10. Nursing Home Employees, Wisconsin 2004

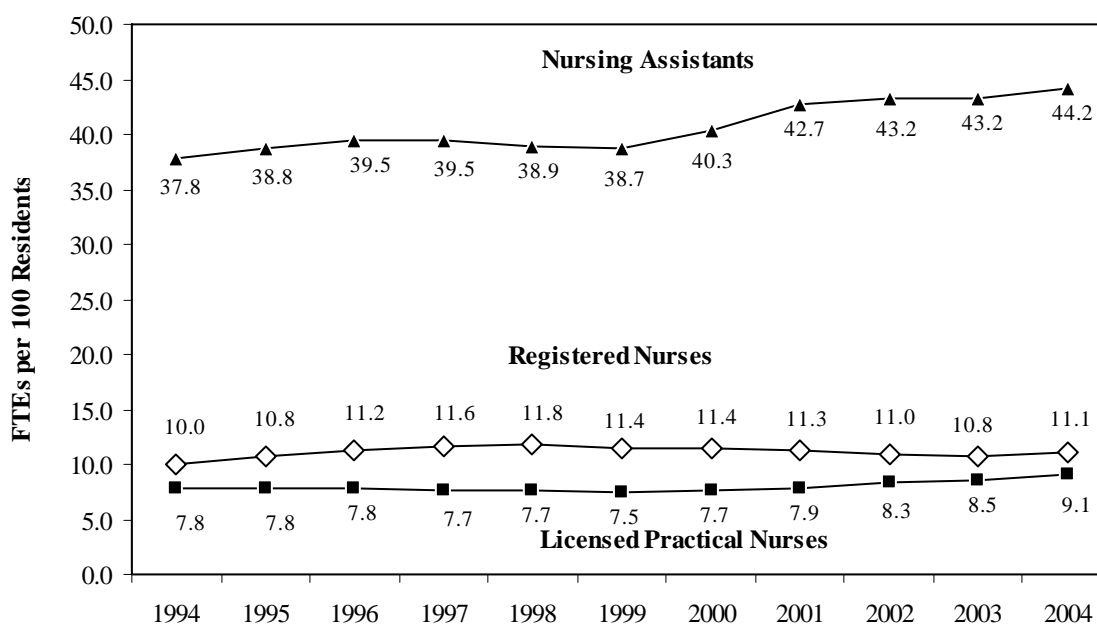
Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Residents
Nursing Services		
Registered Nurses	3,906.9	11.1
Licensed Practical Nurses	3,200.2	9.1
Nursing Assistants/Aides	15,607.6	44.2
Certified Medication Aides	443.5	1.3
Therapeutic Services		
Physicians and Psychiatrists	6.9	<0.1
Psychologists	5.4	<0.1
Dentists	0.4	<0.1
Activity Directors and Staff	1,231.2	3.5
Physical Therapists and Assistants	391.8	1.1
Occupational Therapists and Assistants	315.9	0.9
Recreational Therapists	68.4	0.2
Restorative Speech Therapists	61.4	0.2
AODA Counselors	1.0	<0.1
Qualified Mental Retardation Specialists	3.0	<0.1
Qualified Mental Health Professionals	4.4	<0.1
Other Services		
Dietitians and Food Workers	4,451.9	12.6
Social Workers	650.2	1.8
Medical Records Staff	489.9	1.4
Administrators	425.0	1.2
Pharmacists	40.8	0.1
Other Health Prof. and Technical Personnel	845.6	2.4
Other Non-Health-Prof. and Non-Technical Personnel	5,473.7	15.5
Statewide Total	37,625.1	106.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased slightly in 2004 to 106.6 (from 104.4 in 2003).
- From 2003 to 2004, the total number of FTEs in Wisconsin nursing homes increased by 49 FTEs (from 37,576 to 37,625) while the number of nursing home residents on December 31 was down 2 percent. The number of admissions increased 1 percent in 2004.
- The number of FTE registered nurses was up by 10 FTEs in 2004, while FTE licensed practical nurses increased by 125 FTEs or 4 percent.

Figure 6. Nursing Staff per 100 Nursing Home Residents, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of FTE nursing assistants per 100 residents increased from 43.2 to 44.2 (2 percent) in 2004.
- The number of FTE registered nurses per 100 residents increased from 10.8 to 11.1 (3 percent).
- The number of FTE licensed practical nurses per 100 residents increased from 8.5 to 9.1 (7 percent).

Table 11. Nursing Staff Hours (By Shift) per 100 Residents, Skilled Nursing Facilities, Wisconsin, November 28-December 11, 2004

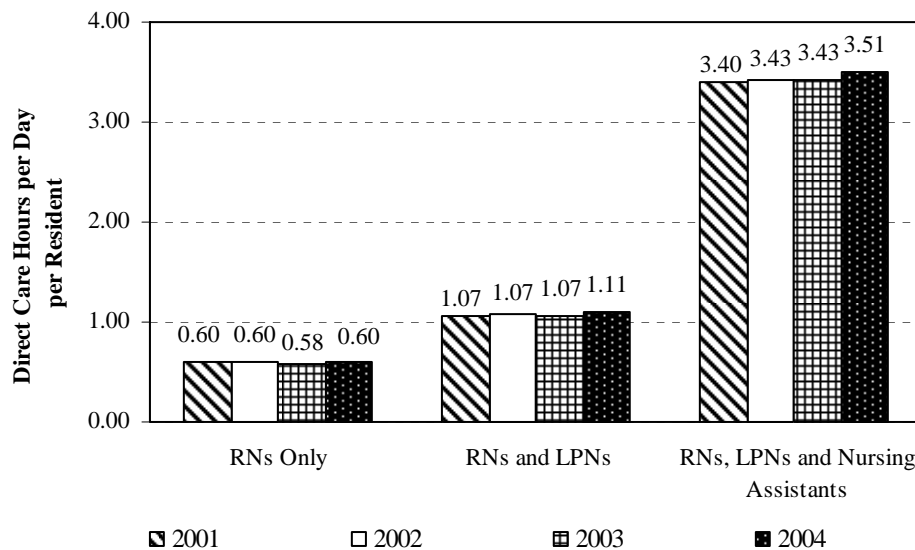
		Direct Care Hours Worked per 100 Residents					
		Registered Nurses			Licensed Practical Nurses		
		Day	Evening	Night	Day	Evening	Night
Week 1	Sunday	23.8	15.6	9.7	19.9	19.6	9.6
	Monday	36.9	17.5	10.1	22.7	19.6	9.5
	Tuesday	38.0	18.4	10.0	23.0	18.9	9.8
	Wednesday	37.0	17.5	9.9	22.7	19.6	9.4
	Thursday	38.4	17.5	10.4	23.6	20.6	9.3
	Friday	34.9	16.8	9.5	22.7	19.3	9.8
	Saturday	21.6	16.5	9.3	20.2	19.0	9.6
Week 2	Sunday	22.9	15.5	9.7	20.4	19.3	9.5
	Monday	37.0	17.1	10.0	22.7	19.6	9.6
	Tuesday	37.9	17.2	10.3	22.2	20.1	9.4
	Wednesday	36.9	17.7	9.9	23.3	19.9	9.6
	Thursday	37.9	17.3	9.9	22.2	20.2	9.4
	Friday	33.7	16.0	10.0	22.0	19.7	9.2
	Saturday	21.5	15.4	9.6	20.8	19.5	9.6
Average per shift		32.7	16.9	9.9	22.0	19.6	9.5
		Nursing Assistants/Aides					
		Day	Evening	Night			
Week 1	Sunday	101.5	85.5	43.8			
	Monday	109.0	87.1	45.5			
	Tuesday	109.8	87.6	44.2			
	Wednesday	111.3	90.1	44.9			
	Thursday	110.1	87.7	44.4			
	Friday	108.7	87.1	43.6			
	Saturday	104.0	88.4	43.7			
Week 2	Sunday	102.3	86.7	43.3			
	Monday	110.9	87.0	45.5			
	Tuesday	111.8	89.0	44.9			
	Wednesday	110.5	88.7	45.4			
	Thursday	112.0	87.6	44.0			
	Friday	110.1	86.6	43.8			
	Saturday	101.9	85.9	43.2			
Average per shift		108.1	87.5	44.3			

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: This table is based on the *total paid direct resident care hours* worked for each category of nursing staff. This table only includes residents at the ISN, SN, ICF-1 and ICF-2 levels of care in skilled nursing facilities. The specific hours included in the day, evening, and night shifts may vary between facilities. The number of residents used in calculating these ratios (35,140) was the resident count in SNFs on December 31, 2004.

- In skilled nursing facilities, the average direct care hours worked by registered nurses increased for day and evening shifts by about half an hour, but remained the same for the night shift. Direct care hours by licensed practical nurses increased for all shifts.
- Average direct care hours worked by nursing assistants increased in all shifts in 2004, especially for the day shift (which was up by 2.6 hours).

Figure 7. Nursing Staff Hours per Day per Resident, Skilled Nursing Facilities, Wisconsin, 2001 - 2004

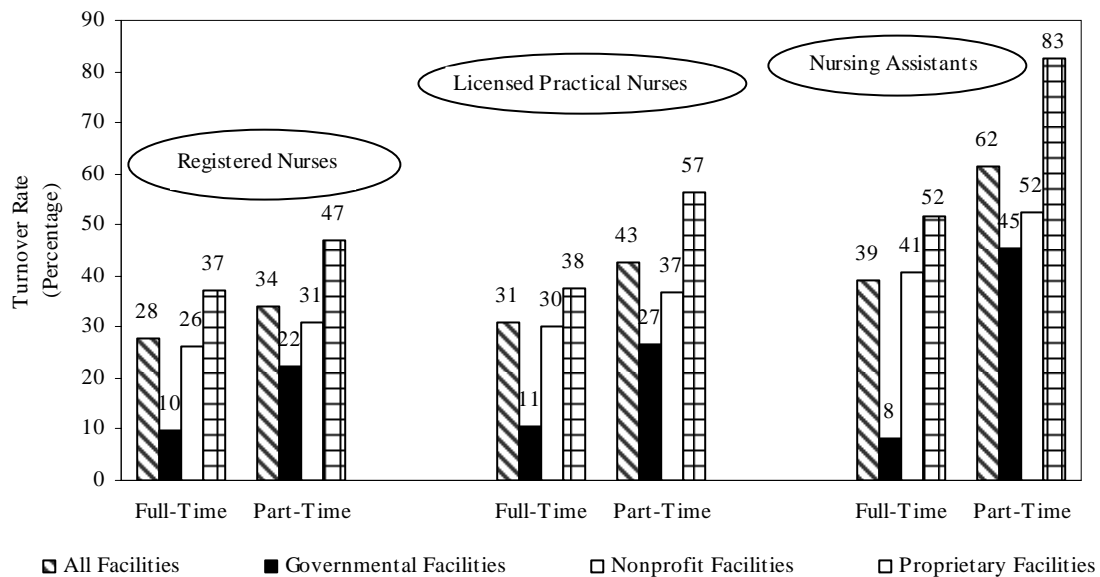


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: This figure is based on the *total paid direct resident care hours* worked in all shifts during a 24-hour period by each category of nursing staff, and includes only residents at the ISN, SN, ICF-1 and ICF-2 levels of care. The figure summarizes data from Table 11, and comparable data for 2001, 2002, 2003, and 2004.

- No federal regulation specifies the minimum hours of service to be provided by registered nurses, licensed practical nurses, and nursing assistants per day per resident in each nursing home. Wisconsin law (Chapter 50.04(2) (d), Wisconsin Statutes) requires each nursing home to provide at least 2.5 “direct care” hours per day per resident needing skilled nursing care; a minimum of 0.5 hours of this time shall be provided by an RN or LPN.
- In 2004, on average, nursing homes in Wisconsin provided 3.51 hours of direct care per day per resident at the skilled level of care, 40 percent higher than the state minimum requirement. Of the 3.51 hours, 1.1 hour was provided by either an RN or an LPN, 0.6 hour was RN care only, 0.51 hour was LPN care only and 2.4 hours were NA care only.
- According to a study by University of California San Francisco researchers, the national average staff time per patient day in a skilled nursing facility for 2003 was 0.6 hour for RNs, 0.7 hour for LPNs, and 2.3 hours for NAs. The average direct care staff time per patient day for all types of nursing staff was 3.6 hours (see Technical Notes on page 47 for source).
- Compared to the national average, nursing home staff time per patient day in Wisconsin in 2004 was about the same for RNs, 29 percent lower for LPNs, 4 percent higher for NAs, and 3 percent lower for nursing staff overall.

Figure 8. Nursing Staff Turnover Rate by Facility Ownership, Wisconsin 2004

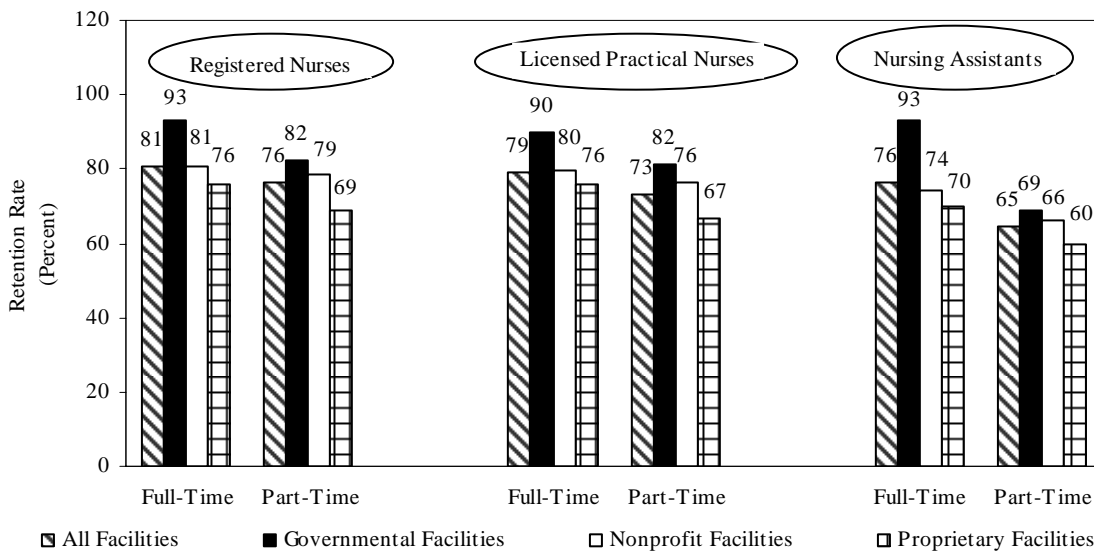


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- From 2003 to 2004, the turnover rate for both full-time and part-time registered nurses (RNs) increased between 1 and 3 percentage points in all ownership types except for part-time RNs in proprietary facilities, whose rate decreased by 2 percentage points.
- The turnover rate for full-time licensed practical nurses (LPNs) increased in governmental homes (from 10 percent to 11 percent) and nonprofit homes (from 28 percent to 30 percent), and decreased in proprietary homes (from 41 percent to 38 percent). Statewide, it was down from 32 percent to 31 percent.
- The turnover rate for full-time nursing assistants (NAs) declined for all facility ownership types. The turnover rate for full-time nursing assistants decreased from 57 percent to 52 percent in proprietary facilities, from 43 percent to 41 percent in nonprofit facilities, and from 10 percent to 8 percent in governmental facilities. The statewide rate declined from 43 percent to 39 percent.
- The turnover rate for part-time NAs increased from 61 percent to 62 percent statewide, from 41 percent to 45 percent in governmental homes, and from 51 percent to 52 percent in nonprofit homes. It decreased from 84 percent to 83 percent in proprietary homes.
- According to an American Health Care Association survey, the average turnover rate for nursing staff in U.S. nursing homes in 2002 (the most recent available data) was 49 percent for RNs and LPNs and 71 percent for NAs. (Rates were not reported separately for part-time vs. full-time staff.)
- By comparison, the average turnover rate in Wisconsin nursing homes in 2004 was 31 percent for RNs, 37 percent for LPNs, and 51 percent for NAs. The average turnover rate for all nursing staff in Wisconsin nursing homes was 46 percent.
- The average turnover rate in Wisconsin nursing homes was 36 percent for all full-time nursing staff, and 54 percent for all part-time nursing staff.

Figure 9. Nursing Staff Retention Rate by Facility Ownership, 2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- In 2004, the retention rate for full-time nursing assistants (NAs) increased in proprietary facilities (from 67 percent to 70 percent), and remained the same in governmental and nonprofit homes.
- The retention rate for part-time NAs increased from 56 percent to 60 percent in proprietary facilities. It stayed the same in nonprofit homes, but decreased from 72 percent to 69 percent in governmental facilities.
- The retention rate for full-time registered nurses (RNs) decreased in nonprofit facilities by 3 percentage points, and remained the same in governmental facilities. It increased by 1 percentage point in proprietary homes.
- The retention rate for part-time RNs decreased in governmental facilities (from 85 percent to 82 percent), but was up from 78 percent to 79 percent in nonprofit homes and stayed the same for proprietary facilities.
- For part-time licensed practical nurses (LPNs), the retention rate increased for all types of ownership (between 1 and 6 percentage points).
- For full-time LPNs, the retention rate decreased by 2 percentage points for both governmental and nonprofit facilities, but was up by 2 percentage points for proprietary homes.
- Statewide in 2004, 81 percent of full-time RNs, 76 percent of part-time RNs, 79 percent of full-time LPNs, 73 percent of part-time LPNs, 76 percent of full-time NAs, and 65 percent of part-time NAs had worked at the same facility for more than one year.
- The average retention rate in Wisconsin nursing homes in 2004 was 78 percent for all full-time nursing staff and 68 percent for all part-time nursing staff.

Admissions and Discharges

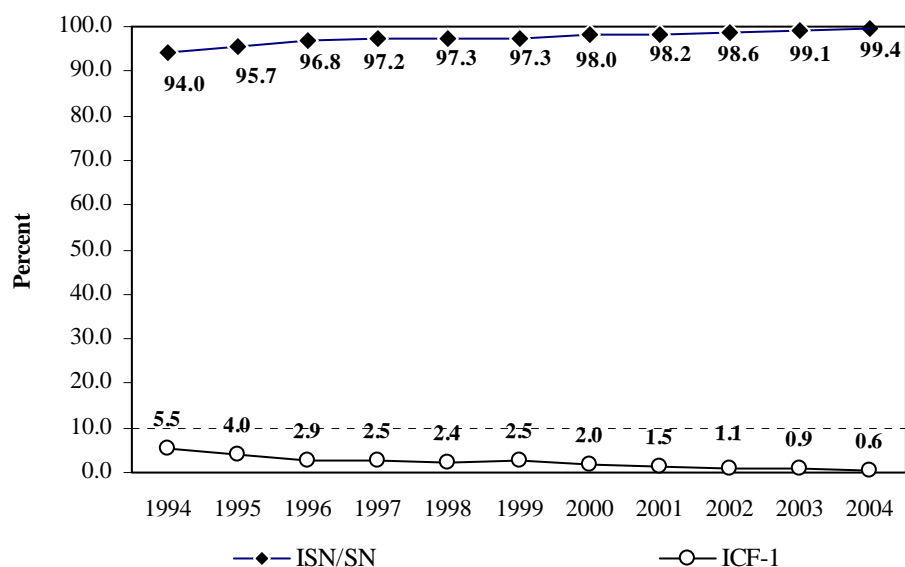
Table 12. Nursing Home Admissions by Level of Care, Wisconsin 1994-2004

Year	Level of Care at Admission									Total Admissions
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Ventilator Dependent	
1994	590	33,391	1,982	154	26	6	72	---	---	36,221
1995	692	36,771	1,565	79	14	5	18	20	1	39,165
1996	3,801	38,359	1,252	85	12	3	13	24	12	43,561
1997	4,790	42,966	1,248	57	17	0	8	30	26	49,142
1998	3,771	46,096	1,244	82	16	5	9	37	13	51,273
1999	2,999	46,795	1,219	79	21	9	16	34	14	51,186
2000	3,410	46,677	1,003	65	15	11	18	62	13	51,274
2001	2,571	48,243	770	50	12	7	18	62	8	51,741
2002	2,732	48,827	555	58	15	5	13	40	45	52,290
2003	3,185	50,042	466	55	10	10	10	78	46	53,902
2004	3,663	50,098	343	55	15	6	6	55	39	54,280

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995. See Technical Notes (page 44) for definitions of all level of care categories shown in this table. The total excludes admissions for whom primary pay source was not reported.

Figure 10. Percent of Admissions by Level of Care, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- Ninety-nine percent of nursing home residents admitted in 2004 required intense skilled nursing or skilled nursing care, compared with 94 percent in 1994.
- Less than 1 percent of nursing home residents admitted in 2004 required intermediate care, compared with 5.5 percent in 1994.

Admissions and Discharges

Table 13. Nursing Home Admissions by Primary Pay Source, Wisconsin 1994-2004

Year	Primary Pay Source at Admission						Total Admissions
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
1994	19,863	7,287	8,231	---	---	840	36,221
1995	24,250	6,326	8,148	---	---	479	39,203
1996	28,326	6,296	7,392	---	725	744	43,483
1997	33,115	6,988	6,892	---	1,164	891	49,050
1998	34,214	6,880	7,750	---	1,811	540	51,195
1999	33,601	7,030	7,808	---	2,223	524	51,186
2000	33,552	7,309	7,174	---	2,672	460	51,167
2001	35,282	6,196	6,689	164	2,829	493	51,653
2002	37,616	5,836	6,064	260	2,108	406	52,290
2003	38,949	5,742	6,129	329	2,295	458	53,902
2004	39,117	5,452	6,102	444	2,582	583	54,280

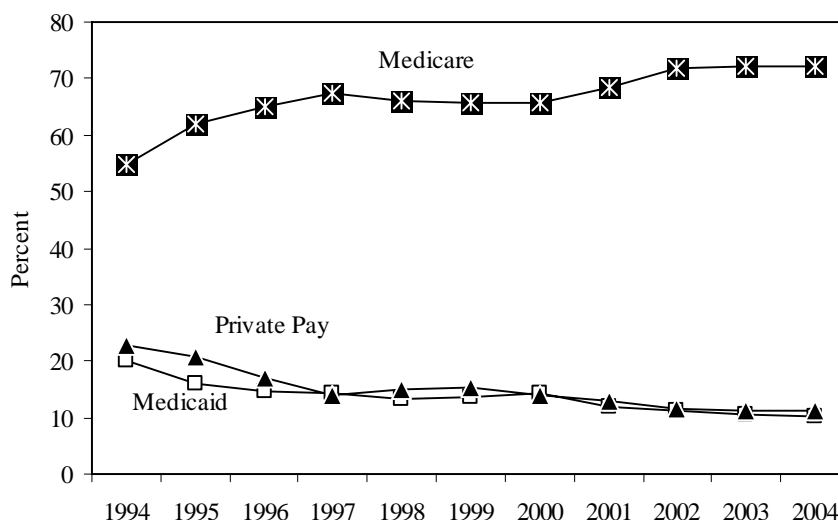
Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Managed care plans were not asked about separately until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

The total excludes admissions for whom primary pay source was not reported.

Figure 11. Percent of Admissions by Primary Pay Source, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home admissions increased 50 percent between 1994 and 2004 (at an average annual rate of 4.5 percent).
- Between 2003 and 2004, admissions paid primarily by Medicare increased less than 1 percent, those paid primarily by Family Care increased 35 percent, and those paid primarily by Medicaid declined 5 percent. (Family Care is a Medicaid-funded benefit in five counties; see p. 45.)
- Admissions paid primarily by managed care increased 13 percent in 2004, and those paid primarily by other sources were up by 27 percent.
- In 2004, 72 percent of admissions had Medicare as primary pay source, 10 percent had Medicaid, and 11 percent were private pay.

Admissions and Discharges

Table 14. Number of Nursing Home Admissions by Primary Pay Source and Level of Care, Wisconsin 2004

Level of Care At Admission	Pay Source at Admission						Total Admissions
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	2,990	359	58	21	213	22	3,663
Skilled Nursing	36,112	4,853	5,827	394	2,360	552	50,098
Intermediate	N/A	170	159	5	2	7	343
Limited	N/A	2	32	19	0	2	55
Personal	N/A	N/A	15	0	0	0	15
Residential	N/A	N/A	6	0	0	0	6
Traumatic Brain Injury	2	47	3	1	2	0	55
Ventilator-Dependent	13	15	2	4	5	0	39
Developmental							
Disabilities (DD1A)	N/A	6	0	0	0	0	6
Developmental							
Disabilities (DD1B)	N/A	0	0	0	0	0	0
Developmental							
Disabilities (DD2)	N/A	0	0	0	0	0	0
Developmental							
Disabilities (DD3)	N/A	0	0	0	0	0	0
Total	39,117	5,452	6,102	444	2,582	583	54,280
Percent of Admissions	72%	10%	11%	1%	5%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care. Medicaid does not pay for new admissions at the Personal or Residential levels of care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs. See Technical Notes (page 44) for definitions of all level of care categories shown in this table.

- Among residents admitted in 2004 at the intense skilled nursing level of care, Medicare was the primary pay source for 82 percent, down from 86 percent in 2003. Seven percent of all admissions were at the intense skilled level of care, up from 6 percent in 2003 and 5 percent in 2002.
- Medicare was the primary pay source for 72 percent of admissions at the skilled nursing level of care. Ninety-two percent of admissions were at this level of care in 2004, down from 93 percent in 2003.

Table 15. Number of Nursing Home Admissions by Age and Level of Care, Wisconsin 2004

Level of Care At Admission	Age at Admission							Total Admissions
	<20	20-54	55-64	65-74	75-84	85-94	95+	
Intense Skilled Nursing	7	249	288	566	1,249	886	114	3,663
Skilled Nursing	15	2,021	3,062	7,960	19,238	15,878	1,850	50,098
Intermediate	0	19	26	37	127	117	17	343
Limited	0	12	2	2	18	18	3	55
Personal	0	0	0	1	4	9	1	15
Residential	0	0	0	0	0	6	0	6
Traumatic Brain Injury	6	45	2	1	1	0	0	55
Ventilator-Dependent	1	4	7	13	10	4	0	39
Developmental Disabilities (DD1A)	1	1	3	1	0	0	0	6
Developmental Disabilities (DD1B)	0	0	0	0	0	0	0	0
Developmental Disabilities (DD2)	0	0	0	0	0	0	0	0
Developmental Disabilities (DD3)	0	0	0	0	0	0	0	0
Total, All Levels	30	2,351	3,390	8,581	20,647	16,918	1,985	54,280
Percent of Admissions	<1%	4%	6%	16%	38%	31%	4%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percents may not add to 100 due to rounding.

The total includes 378 admissions for which age was not reported.

See Technical Notes (page 44) for definitions of all level of care categories shown in this table.

- Eighty-nine percent of people admitted to Wisconsin nursing homes in 2004 were 65 years of age and older, the same percent as in 2003.
- In 2004, 61 percent of admissions at the intense skilled nursing care level and 74 percent of admissions at the skilled nursing care level were aged 75 and over.

Table 16. Nursing Home Admissions by Care Location Prior to Admission, Wisconsin 2004

Care Location	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total Admissions	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	3,977	7%	2	2%	3,979	7%
Private home/apt. with home health services	992	2	1	1	993	2
Board and care/assisted living/group home	1,434	3	5	6	1,439	3
Nursing home	2,142	4	6	7	2,148	4
Acute care hospital	44,484	82	49	54	44,533	82
Psychiatric hospital, facility for dev. disab.	410	1	21	23	431	1
Rehabilitation hospital	242	<1	0	0	242	<1
Other	509	1	6	7	515	1
Total	54,190	100%	90	100%	54,280	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Eighty-two percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2004 came directly from an acute care hospital, compared to 83 percent the previous year.
- Seven percent were admitted from private homes where they had not been receiving home health services, and 2 percent were admitted from private homes where they had been receiving home health services.
- Four percent were admitted from other nursing homes, and 3 percent were admitted from board and care, assisted living or group homes.

Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged, Wisconsin 2004

Care Location	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	15,112	28%	3	3%	15,115	28%
Private home/apt. with home health services	9,607	18	26	28	9,633	18
Board and care/assisted living/group home	3,888	7	36	39	3,924	7
Nursing home	2,336	4	8	9	2,344	4
Acute care hospital	8,903	16	3	3	8,906	16
Psychiatric hospital, facility for dev. disab.	150	<1	3	3	153	<1
Rehabilitation hospital	81	<1	0	0	81	<1
Other	631	1	7	8	638	1
Deceased	13,894	25	6	7	13,900	25
Total	54,602	100%	92	100%	54,694	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Among discharges from skilled nursing or intermediate care facilities (SNFs/ICFs) in 2004, 16 percent were to acute care hospitals, up from 16 percent in 2003.
- Deaths represented 25 percent of discharges from nursing homes in 2004, down from 27 percent in 2003, 29 percent in 2002 and 30 percent in 2001.
- Twenty-eight percent of nursing home residents were discharged to private homes with no home health services in 2004, compared to 27 percent in 2003. Discharges to private homes with home health services increased 2 percentage points (to 18 percent).
- Overall, 46 percent of nursing home discharges in 2004 were to private homes.

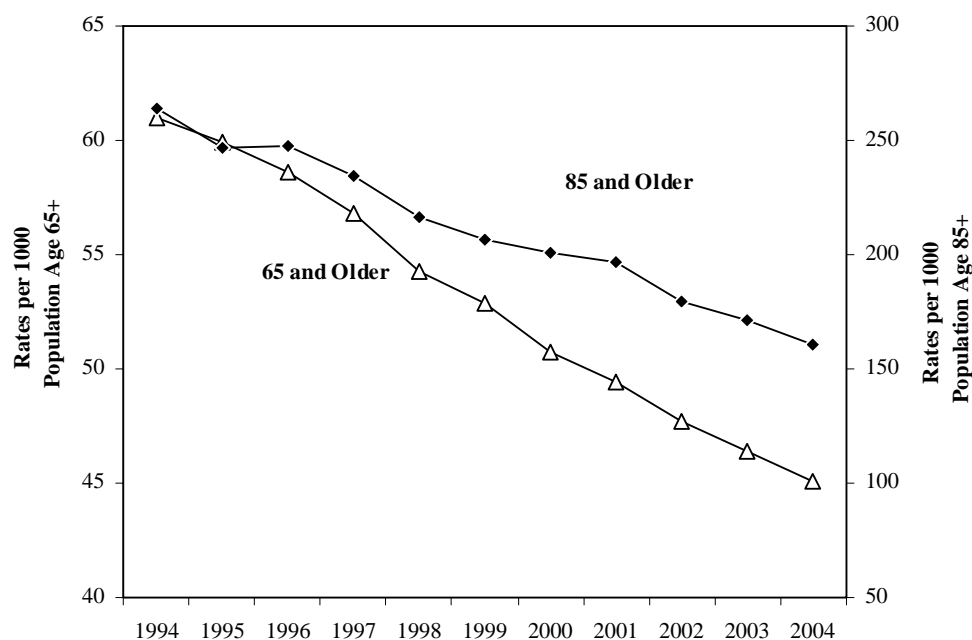
Table 18. Age-Specific Nursing Home Utilization Rates, Wisconsin 1994-2004

Year	Age-Specific Rate per 1,000 Population						65+	85+
	55-64	65-74	75-84	85-94	95+			
1994	3.6	14.2	61.4	237.4	556.3		61.0	263.7
1995	3.7	14.5	63.5	226.5	469.8		59.9	246.6
1996	3.6	13.2	58.6	222.0	540.6		58.6	247.3
1997	3.5	12.8	56.6	210.4	503.4		56.8	234.5
1998	3.4	12.2	53.5	193.9	468.3		54.3	216.4
1999	3.4	12.0	51.7	184.9	449.8		52.9	206.6
2000	3.2	11.1	49.6	179.3	450.1		50.7	201.2
2001	3.2	10.8	46.7	168.5	429.9		49.1	189.5
2002	3.1	10.4	45.5	159.4	435.9		47.7	179.4
2003	3.0	10.1	44.0	152.2	415.8		46.4	171.2
2004	3.0	10.0	42.7	143.2	384.3		45.1	160.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group on December 31 per 1,000 Wisconsin population in that age group.
The rates per 1,000 population for those age 65 and over and 85 and over are used as general indicators of nursing home usage.

Figure 12. Nursing Home Utilization Rates Age 65+ and 85+, Wisconsin 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Nursing home utilization rates declined for all age groups in 2004 except for the group aged 55-64. For every 1,000 Wisconsin adults aged 95 and over, 384 were residing in a nursing home in 2004 (down from 416 in 2003).
- Between 1994 and 2004, the nursing home utilization rate declined 26 percent for people aged 65 and over, and 39 percent for people aged 85 and over.

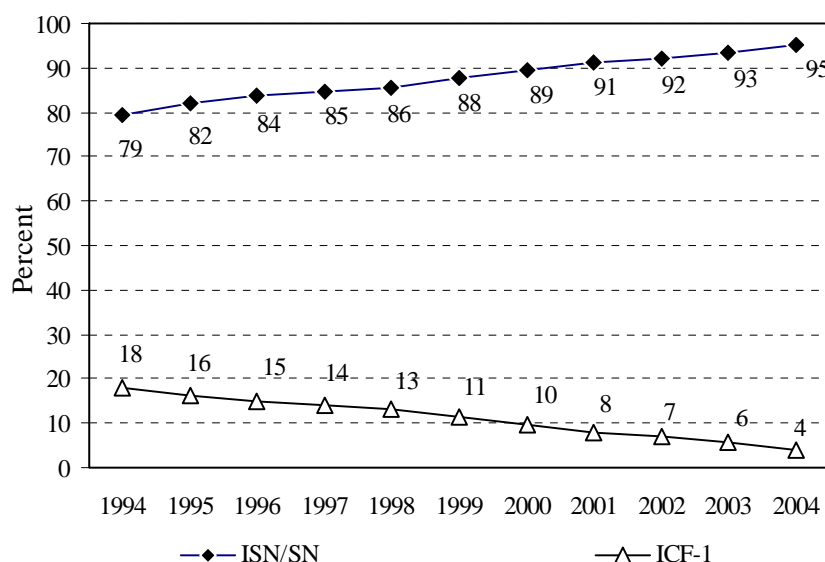
Table 19. Number of Nursing Home Residents by Level of Care, Wisconsin, December 31, 1994-2004

Year	Level of Care									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Ventilator-Dependent	
1994	1,086	34,401	8,125	457	96	112	441	---	---	44,718
1995	1,053	34,897	7,039	359	55	18	298	5	6	43,730
1996	1,622	34,445	6,468	268	47	14	188	11	14	43,077
1997	1,562	34,084	5,881	242	41	11	185	19	17	42,042
1998	1,424	33,379	5,338	225	29	10	190	14	16	40,625
1999	1,346	33,493	4,530	165	21	8	142	3	11	39,719
2000	1,232	33,064	3,740	114	26	10	141	31	23	38,381
2001	1,026	33,243	2,937	88	20	7	134	33	18	37,506
2002	741	32,928	2,597	109	23	5	130	29	25	36,587
2003	825	32,816	2,048	107	24	10	113	32	30	36,005
2004	1,849	31,638	1,525	87	16	4	116	24	27	35,286

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.

Figure 13. Percent of Residents by Level of Care, Wisconsin, December 31, 1994-2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The number of nursing home residents who were receiving intense skilled nursing on the last day of the year jumped 124 percent in 2004 from the previous year (825 residents to 1,849 residents).
- Five percent of nursing home residents were receiving intense skilled nursing in 2004, up from 2 percent in 1994.
- The percent of nursing home residents who were receiving skilled nursing care increased from 77 percent in 1994 to 90 percent in 2004.
- The percent of residents who were receiving intermediate care (ICF-1) decreased from 18 percent to 4 percent during the same period.

Table 20. Number of Nursing Home Residents by Primary Pay Source and Level of Care, Wisconsin, December 31, 2004

Level of Care	Primary Pay Source on December 31						Total
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	346	1,303	128	26	30	16	1,849
Skilled Nursing	3,362	19,928	7,186	543	281	338	31,638
Intermediate	N/A	1,242	270	8	3	2	1,525
Limited	N/A	40	34	13	0	0	87
Personal	N/A	N/A	16	0	0	0	16
Residential	N/A	N/A	3	1	0	0	4
Traumatic Brain Injury	1	21	2	0	0	0	24
Ventilator-Dependent	0	23	2	2	0	0	27
Developmental Disabilities (DD1A)	N/A	83	0	0	0	0	83
Developmental Disabilities (DD1B)	N/A	13	0	0	0	0	13
Developmental Disabilities (DD2)	N/A	16	0	0	0	0	16
Developmental Disabilities (DD3)	N/A	4	0	0	0	0	4
Total Residents, All Levels	3,709	22,673	7,641	593	314	356	35,286
Percent of All Residents	11%	64%	22%	2%	1%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 44) for definitions of all level of care categories shown in this table.

The row "Percent of All Residents" may not add to 100 percent due to rounding.

- On December 31, 2004, 64 percent of nursing home residents had Medicaid as their primary pay source, the same percentage as the previous year.
- The proportion of residents using Family Care (also funded by Medicaid) as their primary pay source increased to 1.7 percent in 2004 (from 457 to 593 residents). As a payment source for long-term care, the Family Care benefit is available in five counties (see Technical Notes, page 45).
- Eleven percent of residents had Medicare as their primary pay source, the same percentage as in 2003.
- Twenty-two percent of residents were primarily private-pay, the same percentage as in 2003.

Table 21. Percent of Nursing Home Residents by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2004

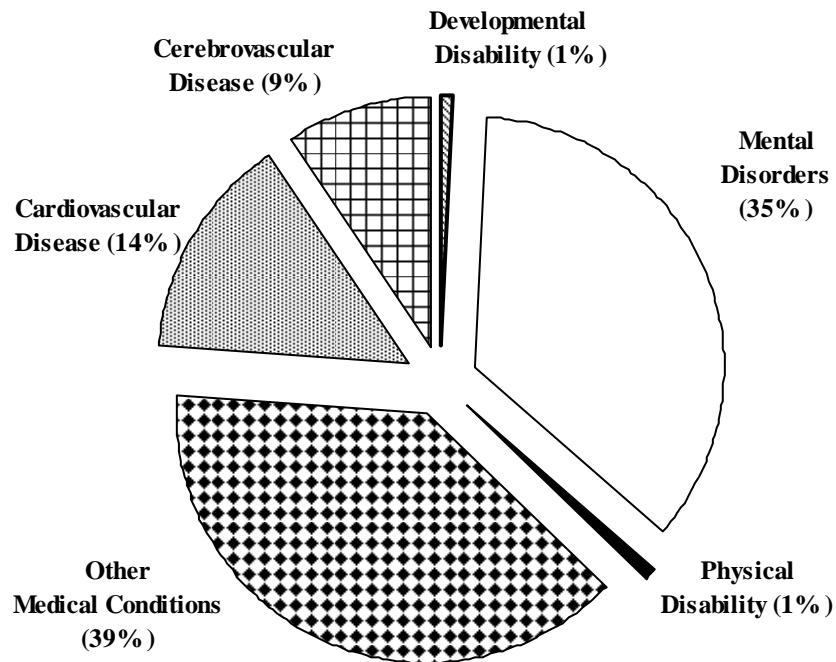
Primary Disabling Diagnosis	Age Group						Total
	<55	55-64	65-74	75-84	85-94	95+	
Mental Retardation	2%	2%	1%	<1%	<1%	0%	<1%
Cerebral Palsy	2	1	1	<1	<1	0	<1
Epilepsy	<1	<1	<1	<1	<1	0	<1
Autism	<1	<1	0	0	0	0	<1
Multiple Developmental Disabilities	1	<1	0	0	0	0	<1
Other Developmental Disabilities	1	1	0	<1	0	0	<1
Subtotal of Developmental Disabilities	7	5	2	1	<1	0	1
Alzheimer's Disease	<1	3	8	15	15	12	13
Other Organic/Psychotic	5	8	10	15	19	21	16
Organic/Non-Psychotic	1	1	2	1	1	2	1
Non-Organic/Psychotic	15	12	8	3	2	1	4
Non-Organic/Non-Psychotic	3	2	2	2	2	1	2
Other Mental Disorders	<1	<1	0	0	0	<1	0
Subtotal of Mental Disorders	25	27	29	35	38	37	35
Paraplegic	2	1	0	<1	<1	<1	<1
Quadriplegic	3	1	0	<1	<1	0	<1
Hemiplegic	1	1	1	1	<1	<1	<1
Subtotal of Physical Disabilities	6	3	2	1	<1	<1	1
Cancer	3	3	3	2	2	1	2
Fractures	3	3	4	4	5	5	5
Cardiovascular Disease	3	6	9	13	17	22	14
Cerebrovascular Disease	7	12	13	10	8	7	9
Diabetes	4	5	7	6	4	2	5
Respiratory Diseases	2	4	6	5	5	3	5
Alcohol & Other Drug Abuse	1	1	1	<1	<1	<1	<1
Other Medical Conditions	37	31	24	22	20	22	22
Subtotal of Medical Conditions	61	65	67	63	61	63	63
Total Percent	100%	100%	100%	100%	100%	100%	100%
Number of Residents	1,235	1,638	3,498	10,985	14,830	3,100	35,286

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- Thirteen percent of nursing home residents had a primary diagnosis of Alzheimer's disease in 2004. Of these, 57 percent were age 85 and older (not shown).
- Thirty-five percent of nursing home residents had a primary diagnosis of mental disorders (including Alzheimer's disease) in 2004. Of these, 55 percent were aged 85 and older (not shown).

Figure 14. Percent of Nursing Home Residents by Primary Disabling Diagnosis, Wisconsin, December 31, 2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Twenty-three percent of nursing home residents had cardiovascular or cerebrovascular disease as their primary diagnosis in 2004, down from 24 percent in 2003.
- The number of residents with a primary diagnosis of Alzheimer's disease decreased 2 percent, about the same proportion as the decrease in the total number of nursing home residents in 2004. Alzheimer's disease is included in the mental disorders category in Figure 14.
- Only 2 percent of nursing home residents had cancer as their primary disabling diagnosis. These residents were included in the other medical conditions category in Figure 14.

Table 22. Length of Stay of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2004

Length of Stay	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 1 year	13,037	37%	52	49%	13,089	37%
1 to 30 days	3,046	9	7	7	3,053	9
31 days to 99 days	3,206	9	15	14	3,221	9
100 days to 180 days	2,482	7	17	16	2,499	7
181 days to 364 days	4,303	12	13	12	4,316	12
1-2 years	6,370	18	24	23	6,394	18
2-3 years	4,634	13	6	6	4,640	13
3-4 years	3,335	9	3	3	3,338	9
4 or more years	7,804	22	21	20	7,825	22
Total	35,180	100%	106	100%	35,286	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

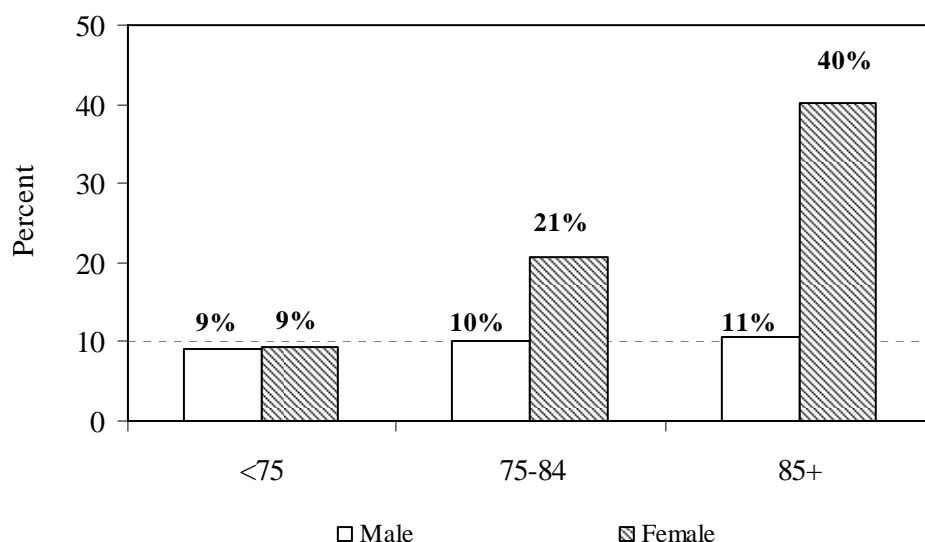
- On December 31, 2004, 37 percent of SNF and ICF residents had been in the nursing home less than one year (the same proportion as the previous year). Eighteen percent had been there less than 100 days.
- On that date, 18 percent of SNF and ICF residents had been in the nursing home one to two years, 22 percent had been there two to four years, and 22 percent had been there four or more years.

Table 23. Age of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2004

Table 10: Age of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2004						
Age of Resident	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	11	<1%	2	2%	13	<1%
20-54 years	1,159	3	63	59	1,222	4
55-64 years	1,621	5	17	16	1,638	5
65-74 years	3,486	10	12	11	3,498	10
75-84 years	10,978	31	7	7	10,985	31
85-94 years	14,825	42	5	5	14,830	42
95+ years	3,100	9	0	0	3,100	9
All ages	35,180	100%	106	100%	35,286	100%
65+ years	32,389	92	24	23	32,413	92
85+ years	17,925	51%	5	5%	17,930	51%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

Figure 15. Nursing Home Residents by Age and Sex, Wisconsin, December 31, 2004


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The largest group of nursing home residents was aged 85-94, accounting for 42 percent of all residents on December 31, 2004.
- Among residents age 85 and older, there were close to four times more females than males (40 percent vs. 11 percent).
- Seventy percent of all nursing home residents were females and 30 percent were males.
- Even though people age 85 and older have been increasing as a percent of Wisconsin's total population, the number of nursing home residents 85 and older was down by 2 percent in 2004.

Table 24. Legal Status of Nursing Home Residents, Wisconsin, December 31, 2004

	Total Residents	Placed Under Chapter 51		Has Court-Appointed Guardian		Protectively Placed Under Chapter 55		Has Activated Power of Attorney for Health Care	
Licensure Category	Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SNFs/ICFs	35,180	524	1%	5,695	16%	5,059	14%	14,285	41%
IMDs	106	65	61	60	57	62	58	4	4

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percents were based on the total number of residents in each kind of facility on December 31, 2001.

- The Protective Services Act, Chapter 55, Wisconsin Statutes, allows a court to order the protective placement for institutional care of those who are unable to adequately care for themselves due to the infirmities of aging. Such orders are reviewed by the court at least once every 12 months. Fifty-eight percent of IMD residents in 2004 (compared with 64 percent in 2003) had been protectively placed under this law. The percent of SNF and ICF residents protectively placed under this law also decreased, from 15 percent in 2003 to 14 percent in 2004.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Forty-one percent of SNF/ICF residents were reported to have an activated power of attorney for health care in 2004, up from 39 percent in 2003, 38 percent in 2002, and 36 percent in 2001. Four percent of IMD residents had an activated power of attorney for health care in 2004, compared with 7 percent in 2003 and 17 percent in 2002.
- The percent of IMD residents who had been placed under Chapter 51 (the Mental Health Act) increased from 53 percent in 2003 to 61 percent in 2004. Only 36 percent of IMD residents had been placed under Chapter 51 in 2002.
- Fifty-seven percent of IMD residents had a court-appointed guardian in 2004, compared to 41 percent in 2003 and 21 percent in 2002.

Table 25. Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date and Facility Licensure Category, Wisconsin, December 31, 2004

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
All Nursing Homes						
At time of admission	3,379	53%	7,714	48%	11,093	49%
1-30 days after admission	550	9	1,394	9	1,944	9
31 days–1 year after admission	1,518	24	4,168	26	5,686	25
More than 1 year after admission	756	12	2,415	15	3,171	14
Unknown	197	3	494	3	691	3
Total	6,400	100	16,185	100	22,673	100
Skilled Nursing and Intermediate Care Facilities						
At time of admission	3,369	53	7,710	48	11,079	49
1-30 days after admission	550	9	1,394	9	1,944	9
31 days–1 year after admission	1,518	24	4,166	26	5,684	25
More than 1 year after admission	755	12	2,413	15	3,168	14
Unknown	197	3	494	3	691	3
Total	6,389	100	16,177	100	22,654	100
Institutions for Mental Diseases						
At time of admission	10	91	4	50	14	74
1-30 days after admission	0	0	0	0	0	0
31 days–1 year after admission	0	0	2	25	2	11
More than 1 year after admission	1	9	2	25	3	16
Unknown	0	0	0	0	0	0
Total	11	100%	8	100%	19	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- On December 31, 2004, 49 percent of SNF/ICF residents with Medicaid had been eligible at time of admission, compared with 50 percent in 2003.
- Twenty-five percent of SNF/ICF residents with Medicaid became eligible from 31 days to one year after admission, and 14 percent became eligible more than one year after admission.
- Fifty-three percent of male nursing home residents with Medicaid had been eligible at time of admission, compared to 48 percent of female residents with Medicaid.
- Seventy-four percent of IMD residents with Medicaid in 2004 were eligible at time of admission, compared to 100 percent in 2003. Eleven percent became eligible from 31 days to one year after admission, and 16 percent became eligible more than one year after admission.

Table 26. Use of Physical Restraints among Nursing Home Residents by Facility Ownership, Wisconsin, December 31, 2004

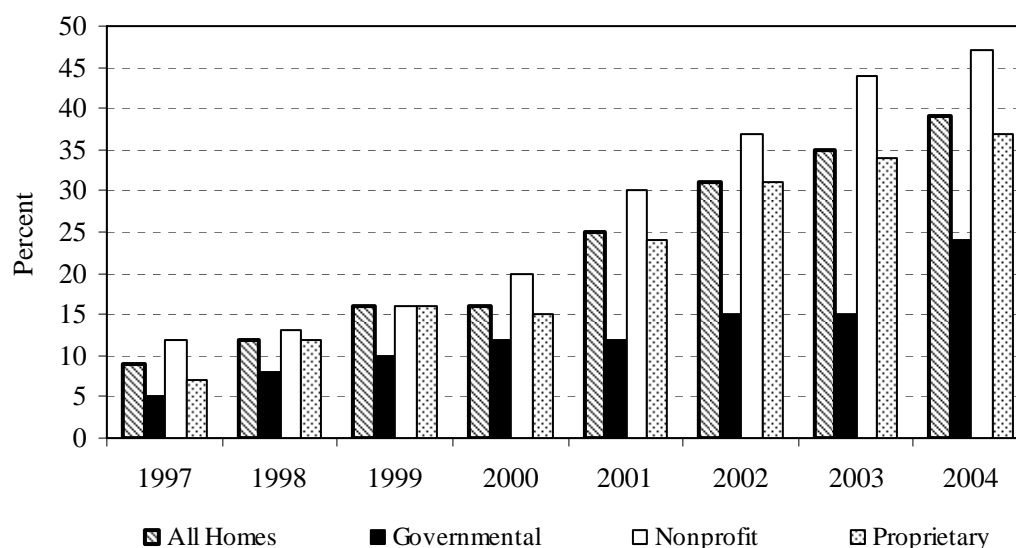
Wisconsin, December 31, 2004

	Ownership Category						All Homes Number Percent	
	Governmental Number Percent		Nonprofit Number Percent		Proprietary Number Percent			
Total Residents	6,808	100%	13,165	100%	15,313	100%	35,286	100%
Physically Restrained	289	4	353	3	431	3	1,073	3
Total Facilities	59	100%	150	100%	190	100%	399	100%
Homes reporting no physically restrained residents	14	24%	70	47%	70	37%	154	39%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: This survey item asks facilities to report the number of residents on December 31 who are “physically restrained.”

Figure 16. Percent of Nursing Homes with No Physically Restrained Residents, by Facility Ownership, Wisconsin, December 31, 1997 – 2004



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- On December 31, 2004, 3 percent of all Wisconsin nursing home residents were being physically restrained, down from 4 percent in 2003. In 2000, 7 percent of residents were being physically restrained.
- The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 9 percent in 1997 to 39 percent in 2004.
- In 2004, the proportion of nursing homes with *no* physically restrained residents was highest among nonprofit facilities (47 percent) and lowest among governmental facilities (24 percent).
- The percent of governmental nursing homes reporting *no* physically restrained residents increased from 15 percent in 2003 to 24 percent in 2004.

Nursing Home Residents

Table 27. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2004

December 31, 2004

Selected Activities of Daily Living	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
Bed Mobility						
Independent	38%	36%	33%	33%	32%	33%
Needs supervision	3	3	5	6	6	5
Needs limited assistance	12	16	18	20	22	19
Needs extensive assistance	26	31	32	32	30	31
Totally dependent	21	13	12	10	10	12
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,773	3,432	10,701	14,600	3,070	34,576
Transfer						
Independent	29%	26%	22%	21%	18%	22%
Needs supervision	4	5	5	6	7	5
Needs limited assistance	12	18	20	23	25	21
Needs extensive assistance	21	29	33	34	35	33
Totally dependent	32	22	19	15	16	19
Activity did not occur	1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
Toilet Use						
Independent	24%	19%	16%	16%	15%	17%
Needs supervision	4	5	5	5	6	5
Needs limited assistance	11	15	17	18	19	17
Needs extensive assistance	24	33	37	39	39	37
Totally dependent	34	26	24	21	22	24
Activity did not occur	1	1	1	<1	<1	1
Total Percent	100%	100%	100%	100%	100%	100%
Eating						
Independent	50%	54%	51%	51%	47%	51%
Needs supervision	16	18	20	22	23	21
Needs limited assistance	6	8	9	10	12	9
Needs extensive assistance	7	8	9	10	11	9
Totally dependent	21	13	10	7	6	10
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 43).

Notes: Residents for whom no information was available were excluded.

Bed mobility = How resident moves to and from lying position, turns side to side, and positions body while in bed.

Transfer = How resident moves between surfaces—to/from bed, chair, wheelchair, standing position. Toilet Use =

How resident uses the toilet room (or commode, bedpan or urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes. Eating = How resident eats and drinks (regardless of skill), including intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

- On December 31, 2004, 14 percent of nursing home residents were independent in all four Activities of Daily Living (ADLs), compared with 15 percent in 2003 (not shown).
- In 2004, 6 percent of residents were totally dependent in all four ADLs (not shown).
- Twenty-eight percent of residents were totally dependent in at least one of the four ADLs in 2004, compared to 29 percent in 2003. Only 25 percent were dependent in at least one of the four ADLs in 2001.
- The percent of nursing home residents who were independent in bed mobility, in transferring, or in toilet use decreased between 1 and 3 percentage points in 2004.

Nursing Home Residents

Table 28. Selected Characteristics of Nursing Home Residents by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2004

Medicaid-Certified Facilities Only, Wisconsin, December 31, 2001						
Selected Characteristics	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
Short-Term Memory						
Adequate	48%	42%	32%	24%	20%	30%
Has problems	52	58	68	76	80	70
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,697	3,420	10,675	14,582	3,065	34,439
“Problems” rate per 1,000 pop.*	0.3	5.7	28.2	107.0	304.0	4.4
Long-Term Memory						
Adequate	62	61	54	49	48	53
Has problems	38	39	46	51	52	47
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,694	3,420	10,674	14,580	3,065	34,433
“Problems” rate per 1,000 pop.*	0.2	3.8	19.1	71.8	197.6	2.9
Cognitive Skills for Daily Decision-Making						
Independent	29	30	24	19	18	23
Modified independence	22	23	23	24	24	23
Moderately impaired	35	34	37	42	44	39
Severely impaired	14	13	15	15	15	15
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,709	3,428	10,696	14,594	3,069	34,496
“Impaired” rate per 1,000 pop.*						
Bladder Incontinence						
Continent	54	46	39	36	32	39
Usually continent	6	8	8	9	10	8
Occasionally incontinent	5	7	9	11	12	10
Frequently incontinent	11	17	22	25	27	22
Incontinent all of the time	24	22	22	19	20	21
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,773	3,432	10,700	14,599	3,070	34,574
Bowel Incontinence						
Continent	54	57	56	58	57	57
Usually continent	7	8	9	11	12	10
Occasionally incontinent	5	6	8	8	9	7
Frequently incontinent	7	10	11	10	9	10
Incontinent all of the time	27	19	16	14	13	16
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,773	3,432	10,700	14,600	3,070	34,575

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 43).

Notes: Residents for whom no information was available were excluded.

*Rates were calculated using estimated age-specific population in Wisconsin. See Technical Notes (page 46) for the definition of these rates.

- On December 31, 2004, 23 percent of nursing home residents were “independent” in their cognitive skills for daily decision-making. Conversely, more than half (54 percent) of nursing home residents had moderately or severely impaired cognitive skills.
- Seventy percent of nursing home residents had problems with short-term memory, and 47 percent had problems with long-term memory.
- In 2004, 43 percent of residents had bladder incontinence frequently or all of the time, up 2 percentage points from the previous year.

Table 29. Height and Weight of Nursing Home Residents by Sex and Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2004

Height				
Sex/Age	Mean (in inches)	Standard Deviation	Number of Residents	Range (in inches)
Males				
<65 years	69.0	3.9	1,416	51-78
65-74 years	68.8	3.3	1,606	50-78
75-84 years	68.4	3.4	3,571	43-78
85-94 years	67.8	3.4	3,197	44-78
95+years	67.5	3.6	396	57-78
All ages	68.3	3.5	10,186	43-78
Females				
<65 years	63.8	3.5	1,343	48-76
65-74 years	63.4	3.1	1,816	45-74
75-84 years	63.8	3.0	7,087	42-74
85-94 years	62.1	3.0	11,362	42-78
95+years	61.7	3.0	2,662	43-71
All ages	62.5	3.1	24,270	42-78
Weight				
Sex/Age	Mean (in pounds)	Standard Deviation	Number of Residents	Range (in pounds)
Males				
<65 years	185.4	50.0	1,401	59-366
65-74 years	186.6	43.3	1,599	87-369
75-84 years	178.0	36.9	3,577	64-372
85-94 years	167.8	30.8	3,198	77-289
95+years	158.0	26.5	396	101-257
All ages	176.4	38.5	10,171	59-372
Females				
<65 years	177.6	54.8	1,326	64-372
65-74 years	169.5	48.5	1,810	59-374
75-84 years	153.9	39.1	7,083	62-375
85-94 years	139.2	31.2	11,354	54-297
95+years	128.8	26.3	2,662	66-247
All ages	146.7	38.6	24,235	54-375

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 43).

Notes: For purposes of the MDS assessment, the staff member was instructed to measure the resident's weight consistently in accord with standard facility practice (for example, in a.m., after voiding, before meal, with shoes off and in night dress).
Reported values of height below 42 inches and above 78 inches, and weight below 50 pounds and above 375 pounds, were deemed to be reporting errors and excluded from this analysis. Residents without information on sex or age were also excluded.

- “Standard deviation” is a statistical measure of the spread of scores around the mean (average) score. A decline with increasing age in the standard deviation for weight and height indicates that weight and height become less variable at older ages.
- The average weight was 27 percent less for female residents aged 95 and older than for females under age 65. The average weight for male residents aged 95 and older was 15 percent less than for males under age 65.
- The average weight for both male and female residents increased about 2 pounds or 1 percent in 2004 from the previous year.

Technical Notes

MDS 2.0 Data (Tables 27, 28, and 29)

Detailed resident-based data were submitted by 393 Medicare- and Medicaid-certified skilled nursing facilities, intermediate care facilities and institutions for mental diseases. (There were 399 SNFs/ICFs/IMDs in the 2004 Annual Nursing Home Survey.) Three nursing homes were included in MDS data but not in the 2004 Annual Survey of Nursing Homes because they were either closed or going to close as of December 31, 2004. Six nursing homes did not report MDS data because they accepted only private-pay patients or because they are not skilled facilities. These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

In each facility, the Minimum Data Set count of nursing home residents as of the end of 2004 was calculated by using the number of residents assessed in 2004 (using the latest full assessment only), subtracting the facility's number of residents reported as discharged from MDS *discharge* assessments, and then adding the facility's number of residents reported as readmitted from MDS *readmission* assessments during the year. For some facilities, the MDS end-of-year count derived by this method differed from the count of residents on December 31, 2004, which was reported by each facility as an aggregate number of residents on that date.

These discrepancies were chiefly the result of under-reporting discharges and/or readmissions. (Some facilities did not fill in a discharge or readmission tracking form when they discharged or readmitted a patient.) To adjust the overall MDS data set for these discrepancies, each facility's MDS data were examined. When a facility's data showed at least 5 more residents in the MDS count than in the December 31 aggregate survey count, that facility was contacted for feedback on the reasons for the difference.

For those facilities where the MDS count was at least 5 residents higher than the December 31 count from the Annual Survey of Nursing Homes, the names of residents who were in the facility on December 31 were obtained and compared with the facility's MDS listing of residents. If a name was on the MDS list but not on the December 31 list, that name was deleted from the MDS analysis data set.

In facilities where the MDS count was higher than the December 31 count by fewer than 5 residents, or where the MDS count was lower than the December 31 count, no adjustments to the data set were made.

After the MDS data set was adjusted, the overall effect of under-reporting discharges and re-admissions was negligible. The final figure for the total number of SNF residents on December 31, 2004, based on the MDS data set, was 34,576, compared to the 35,017 SNF residents (excluding 3 homes which did not report MDS data because they accepted only private-pay patients) counted on December 31 for the Annual Survey of Nursing Homes.

Definitions for Levels of Care (Tables 7, 12, 14, 15, 19, 20)

ISN - Intense Skilled Nursing: Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SN - Skilled Nursing: Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: Residents with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: Residents with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Adults with moderate developmental disabilities who require active treatment with an emphasis on skills training.

DD3 Care Level: Adults with mild developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

Family Care (Tables 7, 13, 14, 20)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. The programs in four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson) have resource centers only, and do not reimburse for nursing home care. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the Medicaid-funded Family Care benefit. The Family Care benefit combines funding and services from a variety of existing programs into one flexible long-term care benefit tailored to each individual’s needs, circumstances, and preferences. CMOs offer the Family Care benefit package in five counties: Fond du Lac (opened in February 2000), La Crosse and Portage (April 2000), Milwaukee (July 2000, serving the elderly population only), and Richland (January 2001).

For details of the services provided by Family Care, please visit:

<http://dhfs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm>

Definitions of Services to Non-Residents (Table 8)

(Definitions provided by staff in the Wisconsin Division of Disability and Elder Services, Bureau of Aging and Long-Term Care Resources)

Home Health Care: Health care services to individuals in their own homes, on a physician’s orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioural, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Technical Notes

Respite Care: Services which facilitate or make possible the care of dependants, thereby relieving the usual caregiver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular caregiver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular caregivers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included is the provision of material benefits such as tickets (or cash for their purchase), as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

Rates of Memory and Cognitive Problems (Table 28)

Rate of Problems with Short-Term Memory: The number of nursing home residents who have problems with short-term memory per 1,000 age-specific population.

Rate of Problems with Long-Term Memory: The number of nursing home residents who have problems with long-term memory per 1,000 age-specific population.

Rate of Impaired Cognitive Skills: The number of nursing home residents who are moderately or severely impaired in their cognitive skills for daily decision-making per 1,000 age-specific population.

Nursing Staff Turnover: Results of the 2002 American Health Care Association Survey of Nursing Staff Vacancy and Turnover in Nursing Homes, AHCA Health Services Research and Evaluation ii, February 12, 2003.

http://www.ahca.org/research/rpt_vts2002_final.pdf

Nursing Home Direct Care Hours: Harrington C, Carrillo H, and Crawford CS. *Nursing Facilities, Staffing, Residents and Facility Deficiencies, 1997 through 2003*. Dept. of Social and Behavioral Sciences, University of California—San Francisco, August 2004. Available online at:

http://nccnhr.newc.com/public/245_1267_9316.cfm.

2004 ANNUAL SURVEY OF NURSING HOMES

(includes definitions)

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

Correct information on the label below if it is inaccurate or incomplete.

FOR OFFICE USE ONLY	
CERTIFICATION	<input type="checkbox"/>
HIGHEST LEVEL	<input type="checkbox"/>
BATCH	<input type="checkbox"/>
BATCHCOR	<input type="checkbox"/>

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

- ☐ 1. City Name of city, village or town _____
- ☐ 2. Village What county is nursing home located in? _____
- ☐ 3. Town

NUMBER OF RESIDENTS
IN THE FACILITY ON
DECEMBER 31, 2004
(include paid bedholds)

Return the *PINK COPY* of the survey no later than February 1, 2005, to

Bureau of Health Information and Policy
Division of Public Health
ATTN: Jane Conner, Rm. 372
P. O. Box 309
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (366 DAYS), JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

Refer to Instructions and Definitions accompanying this form.

A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2004? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2004, or ended before December 31, 2004,
list those dates of operation below.

Beginning Date

Month Day '04

Ending Date

Month Day '04

Days of Operation

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental

- ☐ 10. City
☐ 11. County
☐ 12. State
☐ 13. Federal
☐ 14. City/County
☐ 15. Tribal Government

Non-governmental/Not-For-Profit

- ☐ 20. Nonprofit Corporation
☐ 21. Nonprofit Church
☐ 22. Nonprofit Association
☐ 23. Nonprofit Church/Corporation
☐ 24. Nonprofit Limited Liability Company
☐ 25. Nonprofit Trust
☐ 26. Private Nonprofit

Investor-Owned/For Profit

- ☐ 30. Individual
☐ 31. Partnership
☐ 32. Corporation
☐ 33. Limited Liability Company
☐ 34. Limited Liability Partnership
☐ 35. Trust

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 32 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code)

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ☐ 1. Yes ☐ 2. No
5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ☐ 1. Yes ☐ 2. No
6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ☐ 1. Yes ☐ 2. No
7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ☐ 1. Yes ☐ 2. No
8. Is the facility operated in conjunction with a home health agency? ☐ 1. Yes ☐ 2. No
9. Is the facility certified as a Medicaid facility (Title 19)? ☐ 1. Yes ☐ 2. No
10. Is all or part of the facility certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare-certified beds _____

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ☐ 1. Yes ☐ 2. No
12. Does the facility have a contract with a HMO for providing services? ☐ 1. Yes ☐ 2. No
13. Does the facility have a locked unit? ☐ 1. Yes ☐ 2. No

If yes, how many beds? _____

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems/bracelets? ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in the facility on December 31, 2004, were monitored? _____

B. SERVICES

1. Does the facility offer services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, check which services the facility provides to non-residents (see definitions).

- | | |
|--|---|
| <input type="checkbox"/> a. Home Health Care (Licensed home health, HFS 133) | <input type="checkbox"/> f. Adult Day Health Care |
| <input type="checkbox"/> b. Supportive Home Care | <input type="checkbox"/> g. Congregate Meals |
| <input type="checkbox"/> 1. Personal Care | <input type="checkbox"/> 1. In community setting |
| <input type="checkbox"/> 2. Household Services | <input type="checkbox"/> 2. In nursing home setting |
| <input type="checkbox"/> c. Day Services | <input type="checkbox"/> h. Home Delivered Meals |
| <input type="checkbox"/> 1. In community setting | <input type="checkbox"/> i. Referral Services |
| <input type="checkbox"/> 2. In nursing home setting | <input type="checkbox"/> j. Other meals (Includes Jail, Adult Day Care, etc.) |
| <input type="checkbox"/> d. Respite Care | <input type="checkbox"/> k. Transportation |
| <input type="checkbox"/> 1. In home setting | <input type="checkbox"/> l. Other (specify) _____ |
| <input type="checkbox"/> 2. In nursing home setting | |
| <input type="checkbox"/> e. Adult Day Care | |
| <input type="checkbox"/> 1. In community setting | |
| <input type="checkbox"/> 2. In nursing home setting | |

2. Does the facility plan to add other services to **non-residents** in the future? ☐ 1. Yes ☐ 2. No

If yes, specify service(s) to be provided. _____

3. Does the facility currently use a unit-dose drug delivery system? ☐ 1. Yes ☐ 2. No

4. Does the facility have an in-house pharmacy? ☐ 1. Yes ☐ 2. No

5. Does the facility have a policy to allow self-administration of medications by residents? ☐ 1. Yes ☐ 2. No

6. Does the facility currently have residents who are self-administering medications? ☐ 1. Yes ☐ 2. No

7. Does the facility offer hospice services to residents? ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved

hospice provider on 12/31/04?

8. Does the facility offer hospice services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved

hospice provider on 12/31/04?

9. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ☐ 1. Yes ☐ 2. No

10. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ☐ 1. Yes ☐ 2. No

- a. If yes, is the unit locked? (Leave blank if no unit.) ☐ 1. Yes ☐ 2. No

- b. Number of beds in unit?

11. Does the facility utilize day programming for mentally ill residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

12. Does the facility utilize day programming for developmentally disabled residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

C. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2004) _____

2. **TOTAL** licensed bed capacity (as of December 31, 2004) _____

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

☐ a. Semi-private rooms converted to private rooms.
Number of beds _____

☐ d. Rooms converted for resident program (treatment) purposes.
Number of beds _____

☐ b. Rooms converted for administrative purposes.
Number of beds _____

☐ e. Beds temporarily not meeting HFS 132 code.
Number of beds _____

☐ c. Beds out-of-service due to renovation
or remodeling (Not HFS 132 related).
Number of beds _____

☐ f. Other (specify) _____
Number of beds _____

4. Does the facility anticipate any bed reduction in the forthcoming year? ☐ 1. Yes ☐ 2. No

If yes, by how many beds? _____

D. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 2004

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an "average rate" needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/04.

IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	METHOD OF REIMBURSEMENT					
	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Family Care Per Diem Rate	Managed Care Per Diem Rate
ISN Intensive Skilled Care	\$	\$	\$	\$	\$	\$
SNF Skilled Care	\$	\$	\$	\$	\$	\$
ICF-1 Intermediate Care		\$	\$	\$	\$	\$
ICF-2 Limited Care		\$	\$	\$	\$	\$
ICF-3 Personal Care			\$	\$	\$	\$
ICF-4 Residential Care			\$	\$	\$	\$
DD1A Developmental Disabilities		\$	\$	\$	\$	\$
DD1B Developmental Disabilities		\$	\$	\$	\$	\$
DD2 Developmental Disabilities		\$	\$	\$	\$	\$
DD3 Developmental Disabilities		\$	\$	\$	\$	\$
TBI Traumatic Brain Injury	\$	\$	\$	\$	\$	\$
Ventilator Dependent (See Definition)	\$	\$	\$	\$	\$	\$

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

2. Inpatient Days by Age

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period
- TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2004, to December 31, 2004), **(2a + 2b = 2c)**
- Average Daily Census (total inpatient days, *line c*, divided by the days of operation, 366 days, or as reported on page 1, item A.1.)
(Round to the nearest whole number, e.g., 34.0 - 34.4 = 34, 34.5 - 34.9 = 35)

E. PERSONNEL

1. Number of personnel employed by the facility. Report the number of personnel *employed* by the facility during the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Include staff on vacation or other paid leave. Each person should be counted only once, in a respective work category. **INCLUDE IN-HOUSE POOL STAFF**. Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff (No. of Persons)
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. TOTAL (sum of lines 1 – 29)				

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

[illegible]

F. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2004

Of the total residents in the facility on December 31, 2004, how many have resided in the facility

1. 1 to 30 days? _____
2. 31 days to 99 days? _____
3. 100 days to 180 days? _____
4. 181 days to 364 days? _____
5. Less than 1 year **subtotal (F1+F2+F3+F4)** *
6. 1 Year to less than 2 Years? _____
7. 2 Years to less than 3 Years? _____
8. 3 Years to less than 4 Years? _____
9. 4 Years or more? _____
10. **TOTAL (F5+F6+F7+F8+F9)** **

* **SUBTOTAL MUST** equal the total on Page 14, 6th column.

** **TOTAL MUST** equal the total on Page 10, line 4.

G. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ☐ 1. Yes ☐ 2. No
 - a. If yes, number of beds in unit? (Leave blank if no unit.) _____
 - b. On December 31, 2004, how many residents were in that unit and receiving subacute care? _____
 - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ☐ 1. Yes ☐ 2. No

H. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ☐ 1. Yes ☐ 2. No
 - If yes, how often does the council meet?
(check only one)
 - ☐ a. Once a week
 - ☐ b. Once a month
 - ☐ c. Once in three months
 - ☐ d. Less than quarterly
 - ☐ e. As often as needed
 - ☐ f. Other (specify) _____

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2004

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2004**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL		***					***

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the total Medicaid Eligible, in the following table.

*** TOTAL **MUST** equal the total on Page 10, line 4.

Note: If residents are listed in any category, provide the corresponding rate on Page 5, #1.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2004

Of the total Medicaid residents in the facility on December 31, 2004, how many became eligible as Medicaid recipients

1. At the time of admission?
2. Within 1-30 days after admission?
3. Within 31 days to 1 year after admission?
4. More than 1 year after admission?
5. Unknown?
6. **TOTAL (J1+J2+J3+J4+J5)**

Males	Females	TOTAL
		*

* TOTAL **MUST** equal the total Medicaid residents in the above table.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2003
(As reported on the 2003 survey, Page 10, Line 4.)

2. Admissions during the year from

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Other
- i. **Total Admissions** (sum of lines 2.a through 2.h)

3. Discharges during the year to

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Deceased
- i. Other
- j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i)

4. **Persons in the facility on December 31, 2004** (include paid bed holds)

*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2004, totals elsewhere on the survey.*

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2004**.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL							**

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2004**.

LEVEL OF CARE	AGE OF RESIDENTS ADMITTED DURING THE YEAR							TOTAL
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
TOTAL								*

* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

M. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2004

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in the facility.
The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	TOTAL
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331.0, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

* Specify the "Other Developmental Disabilities" at the bottom of this page, or attach a separate page to the back of the survey.

** Specify the "Other Medical Conditions" at the bottom of this page, or attach a separate page to the back of the survey.

*** TOTAL **MUST** equal the total on Page 10, line 4.

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 9, I, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 13, N.

N. AGE AND GENDER OF RESIDENTS ON DECEMBER 31, 2004

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
TOTAL			*

* **TOTAL MUST** equal the total on Page 10, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 12.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2004

Indicate the number of residents on December 31, 2004, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form CMS 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	TOTAL
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

* **TOTAL MUST** equal the total on Page 10, line 4.

Bowel/Bladder Status	Number of Residents	Special Care	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
Mobility		Receiving tube feedings	
Physically restrained		Receiving mechanically altered diets	
Skin Integrity		Medications	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		Other	
		With advance directives	

P. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2004. In the second column, report the number of residents admitted during 2004 and still residing in the nursing home on December 31, 2004. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

COUNTY	Number of residents on Dec. 31, 2004	Number admitted in 2004 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2004	Number admitted in 2004 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			LEGAL RESIDENCE OTHER THAN WISCONSIN		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			TOTAL	*	**
Marquette			<i>* TOTAL MUST equal the total on Page 10, line 4. ** TOTAL MUST equal Page 8, line 5.</i>		
Menominee					
Milwaukee					

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2004

1. Of the residents on December 31, 2004, how many were placed under Chapter 51?
2. Of the residents on December 31, 2004, how many had a court-appointed guardian?
3. Of the adult residents on December 31, 2004, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)?
4. Of the residents on December 31, 2004, how many had an **activated** power of attorney for health care?

Person responsible for completing this form
(This is who will be contacted if further information is required.)

Contact person's area code/telephone number EXT:

Area code/Fax number

Email Address

Nursing home's area code/telephone number
(This number will be published in the Nursing Home Directory.)

Does the facility have Internet access? ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* nursing home, list the name, city and license number of that facility below.

Name

City

License Number

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (**type or print**)

SIGNATURE - Administrator

Date signed

FOR OFFICE USE ONLY			
COUNTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POPID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BQADISTR			<input type="checkbox"/>

2004 ANNUAL SURVEY OF NURSING HOMES INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Facilities that do not meet the requirements of Section 1.173 of the Medicaid Nursing Home Methods of Payment will have payment rates reduced according to the following schedule:
 - 25% for cost reports, occupied bed assessments and/or annual surveys between 1 and 30 days overdue.
 - 50% for cost reports, occupied bed assessments and/or annual surveys between 31 and 60 days overdue.
 - 75% for cost reports, occupied bed assessments and/or annual surveys between 61 and 90 days overdue.
 - 100% for cost reports, occupied bed assessments and/or annual surveys more than 90 days overdue.The number of days overdue shall be measured from the original due date, without extension, of the cost report, occupied bed assessment and/or nursing home survey. The rates will be retroactively restored once the cost report, occupied bed assessment and/or nursing home survey is submitted to the Department.
2. Report all data for a 12-month period, ending December 31, 2004, regardless of changes in admission, ownership licensure, etc.
3. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
4. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
5. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
6. If answers cannot be typed, print the answers legibly.

Definitions for Specific Sections

B. SERVICES

1. Services to non-residents: Check the box for each service provided by the facility to persons who are not residents of the facility.
 - a. Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
 - b. Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
 - c. Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
 - d. Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
 - e,f. Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.
 - g. Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

- h. Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.
 - i. Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.
 - k. Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.
8. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.
10. a. Locked Unit: A ward, wing or room which is designated as a protective environment and is secured in a manner that prevents a resident from leaving the unit at will. A facility locked for purposes of security is not a locked unit, provided that residents may exit at will.

C. UTILIZATION INFORMATION

- 1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.
- 2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

D. RESIDENT INFORMATION

- 1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults who require active treatment with an emphasis on communication and activities of daily living functional skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults who require active treatment with an emphasis on attaining social, domestic and vocational skills and refining communication skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

E. PERSONNEL

1. For each category on Page 6, report the number of full-time, part-time and contracted staff. In the hours column, **report hours for part-time staff only**, for the first full two-week pay period in December. If the facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.
4. Direct Care: Nursing and personal care provided by a Director of Nursing, Assistant Director of Nursing, Registered Nurse, Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

Registered Nurse: A nurse who is licensed under s. 441.06 or has a temporary permit under s. 441.08. [s. 50.01(5r), Wis. Stats.].

Licensed Practical Nurse: A nurse who is licensed under s. 441.10 or has a temporary permit under s. 441.10(e), [s. 50.01(1w), Wis. Stats.].

Nurse Aide: A person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally-certified facilities, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

Other Direct Care Nurse Aide: A person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

G. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

H. FAMILY COUNCIL

- 1a. *Active* is defined as if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purpose.

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2004

See RESIDENT INFORMATION, pages 17 & 18, for definitions of DD levels.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2004

Report the number of Medicaid residents, in the facility on December 31, 2004. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2003: Report residents on December 31st, 2003, (rather than January 1st, 2004), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 2003 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 2003 Annual Survey of Nursing Homes, Page 10, line 4.
2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home (see LTC RAI User's Manual, Page 3-2), or hospital stay when return to the nursing facility is expected. If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.
3. Discharges: Number of residents formally discharged from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally discharged, more than once during the calendar year, count each occurrence as a separate discharge.

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 2004. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.
2. Level of Care and Age: Report the number of residents who were admitted during 2004. Entries made here **MUST** be the resident's level of care and age at the time of admission.

M. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis for residents in the facility on December 31, 2004. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

68-83:	borderline
52-67:	mild
36-51:	moderate
20-35:	severe
under 20:	profound

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

Grand Mal
Petit Mal
Psychomotor Epilepsy
Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior that are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

MENTAL DISORDERS:

ICD-9 331, 290.1-Alzheimer's Disease

Organic/Psychotic ICD-9 290-Senile dementia (excluding 290.1)
ICD-9 291-Alcoholic psychoses
ICD-9 292-Drug psychoses
ICD-9 293-Transient organic psychotic conditions
ICD-9 294-Other organic psychotic conditions (chronic)

Organic/
Non-psychotic ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage

Non-organic/
Psychotic ICD-9 295-Schizophrenic disorders
ICD-9 296-Affective psychoses
ICD-9 297-Paranoid states
ICD-9 298-Other non-organic psychoses

Non-organic/
Non-psychotic ICD-9 300-Neurotic disorders
ICD-9 301-Personality disorders
ICD-9 302-Sexual deviations and disorders
ICD-9 306-Physiological malfunction arising from mental factors
ICD-9 307-Special symptoms or syndromes, not elsewhere classified
ICD-9 308-Acute reaction to stress
ICD-9 309-Adjustment reaction
ICD-9 311-Depressive disorder, not elsewhere classified
ICD-9 312-Disturbance of conduct, not elsewhere classified
ICD-9 313-Disturbance of emotions specific to childhood and adolescence
ICD-9 314-Hyperkinetic syndrome of childhood
ICD-9 316-Psychic factors associated with diseases classified elsewhere

Other Mental
Disorders ICD-9 315-Specific delays in development

PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

MEDICAL CONDITIONS: Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

Alcohol and Other Drug Abuse (ICD-9 303-305): A person who uses alcohol and/or other drugs to the extent that it Interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics," persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS: Report the number of residents on December 31, 2004, who have these conditions. Residents **MUST** be counted in each category that applies.

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2004

1. Chapter 51: Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.
2. Guardians: An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.
3. Chapter 55: Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.
4. Activated Power of Attorney: An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (s. 155.02 (2), Wis. Stats.)

***If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055),
Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).***

Thank you for your cooperation.

